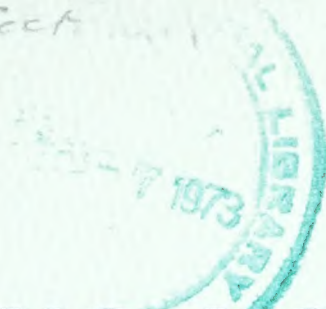


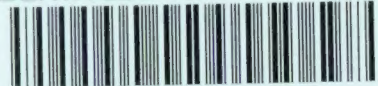
CA2ALPH31 Dept. of Health Hosp. Services Sect.

55
965
2.1



THE ALBERTA NURSING HOME PLAN

ALBERTA LEGISLATURE LIBRARY



3 3398 00398 7905



ANP



1965

ANNUAL REPORT FOR THE YEAR NINETEEN SIXTY FIVE

HOSPITALS DIVISION

DEPARTMENT OF PUBLIC HEALTH
PROVINCE OF ALBERTA

J. D. CAMPBELL, M.Com. (Queen's) F.C.A., R.I.A.

Executive Director

ANNUAL REPORT
of the
ALBERTA NURSING HOME PLAN
1965

HOSPITALS DIVISION

DEPARTMENT OF PUBLIC HEALTH

REPORT OF THE DIVISION

J. E. CAMPBELL, M.D., Director

Executive Director

ANNUAL REPORT

of the

ALBERTA HOSPITALS DIVISION

1932

February 28th, 1966

TO HIS HONOUR, J. W. GRANT MacEWAN,
Lieutenant Governor of the Province of Alberta.

SIR:

I have the honour to transmit the Annual Report of the Alberta Nursing Home Plan, Hospitals Division, Department of Public Health, for the period January 1st to December 31st, 1965.

I have the honour to be, Sir,

Your obedient Servant,

J. DONOVAN ROSS, B.A., M.D.,
Minister of Health.

1890-1891

THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS

1891

I have the honor to acknowledge the receipt of the letter of the 10th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I have the honor to be, Sir,

Very respectfully,
Yours truly,

J. M. Smith

Director of the

February 28th, 1966.

TO THE HONOURABLE DR. J. DONOVAN ROSS,
MINISTER OF HEALTH,
Administration Building, Edmonton, Alberta.


SIR:

I have the honour to submit herewith the Annual Report of the Alberta Nursing Home Plan, Hospitals Division, Department of Public Health, for the period January 1st to December 31st, 1965.

I have the honour to be, Sir,

Your obedient Servant,

J. D. CAMPBELL, M.Com., F.C.A., R.I.A.
Executive Director of Hospitals Division.



Digitized by the Internet Archive
in 2019 with funding from
Legislative Assembly of Alberta - Alberta Legislature Library

CONTENTS

Introduction	Page
1. Administrative Responsibility	2
2. Nursing Homes Under the Plan	3
3. Inspection and Review	4
4. Medical Assessment of Patients	5
5. Patient Days and Movement of Patients	5
6. Characteristics of Patients and Services Provided	7
7. Staffing	11
8. Financing	12

APPENDIX

A Detailed Statistical Data—Tables 18 to 24 inclusive	16
B The Nursing Homes Act	25
C The Nursing Home Plan Regulations	29

INDEX—TABLES, DIAGRAM AND MAP

	Page
Map —Districts, number of nursing homes and beds in operation and under construction	2a
Table 1—Summary of homes and beds in operation and beds under construction as at December 31, 1965, with beds expected to be in operation as at March 31, 1966	3
Table 2—Distribution of contract nursing homes and beds by type of ownership	4
Table 3—Distribution of patient days in contract nursing homes by responsibility for payment and location of nursing homes ..	5
Table 4—Movement of patients by location of nursing home	6
Table 5—Source of patients admitted and destination of patients discharged alive	6
Table 6—Percentage distribution of nursing home patient days by type of accommodation charged	6
Table 7—Distribution of patients under care and total days by age groups	7
Table 8—Distribution of patients by sex and marital status	7
Diagram —Number of patients and days of care by age and sex	8
Table 9—Total number of patients needing various types of personal care	9
Table 10—Mobility of patients	9
Table 11—Dining room use by patients	9
Table 12—Mental and emotional status of patients	10
Table 13—Total number of patients and treatment or services received by patients	10
Table 14—Total number of patients and proportion served special diets	10
Table 15—Diversional activities available in nursing homes	11
Table 16—Number and percentage of patients visited by relatives and friends	11
Table 17—Number and types of personnel employed	12
Table 18—Names of districts and homes in operation and under construction with ownership indicated	16
Table 19—Rated bed capacity, movement of patients, percentage occupancy and average length of stay	18
Table 20—Distribution of patient days by responsibility for payment and by type of accommodation charged	19
Table 21—Patients by sex, age and marital status	20
Table 22—Number of staff employed by category of personnel or service	21
Table 23—Source of patients when admitted and destination of patients discharged alive	22
Table 24—Analysis of patients in nursing homes by district of original residence	23

INTRODUCTION

This report is for the period January 1st, 1965, to December 31st, 1965, and covers the operation of Alberta's Nursing Home Plan under The Nursing Homes Act which came into force April 1st, 1964.

The Nursing Home Plan was established to provide another link in the province's chain of health services. Along with such other programs as the Alberta Hospitalization Benefits Plan, the Alberta Medical Plan, the Mental Health Program and the Homes for the Aged Program, it is designed to provide an essential part of a total health service programme at a reasonable cost to residents of Alberta.

The Nursing Home Program was specifically developed to provide care to persons who are unable to care for themselves, who have no families or whose families are unable to care for them. Care under this program is available, for example, to senior citizens who are not well enough to be accommodated in a senior citizens' lodge and yet not sick enough to be in a hospital. The plan, however, is not restricted to the elderly but is intended for any person requiring such personal services as help in walking and getting in and out of bed, assistance with general bathing, help with dressing or feeding, preparation of special diet, supervision of medications and other types of personal assistance of this order.

To ensure that a person is referred to the type of institution which best provides the care which he requires, every application for admission to a nursing home is submitted by the applicant's attending physician to a Medical Assessment Committee set up by the board of the district in which the nursing home is located. As a result of this screening, many applicants are referred to institutions other than a nursing home.

The nursing homes which operate under the plan are initially approved by the local board of the nursing home district in which they are located and are subject to the requirements of The Nursing Homes Act and Regulations, and to the supervision of the Hospitals Division of the Department of Public Health, which administers the plan in conjunction with the district boards. All new nursing homes being built must comply with the Minimum Standards of Nursing Home Construction prescribed under The Nursing Home Plan Regulations and all nursing homes operating under the plan must comply with prescribed standards of care.

If approved by the district board and by the province, a nursing home may enter into a contract with the Minister of Health for the provision of nursing home care in accordance with the requirements of the covering Act and Regulations. Nursing homes operating under the plan are, therefore, called contract nursing homes. Under this arrangement, it is not found necessary to grant an annual license.

Because the plan has been in operation for twenty-one months only, it was again decided to include The Nursing Homes Act and Regulations in the Appendix for the benefit of recently organized district boards and newly established nursing homes.

Details of the plan which are distributed in brochure form have been included in the coloured center section of this report.

The provincial government wishes to express its appreciation to all whose efforts are reflected in the results presented in this report.

1. ADMINISTRATIVE RESPONSIBILITY

The responsibility for the administration of the Nursing Home Plan is shared by the nursing home district boards and the Hospitals Division of the Department of Public Health.

A. Nursing Home District Boards

The decision to bring local boards into active participation under the plan was based upon the principle that local communities or districts are primarily responsible for the provision of health facilities for their residents and are in a favourable position to assess local needs.

Since the province had already been divided into thirty-two potential auxiliary (long-term care) hospital districts, it was considered advantageous to utilize the same geographical divisions for the purpose of setting up nursing home districts.

Eighteen of the thirty-two districts were formally incorporated as auxiliary hospital districts under The Alberta Hospitals Act prior to the establishment of the Nursing Home Plan. The boards of the incorporated auxiliary hospital districts were vested with the power to construct and operate auxiliary hospitals.

The Nursing Homes Act permitted these same boards to apply for the additional power to arrange for nursing home facilities. Seventeen of these districts have taken advantage of this provision and are now known as auxiliary hospital and nursing home districts. Since the passing of The Nursing Homes Act, ten of the fourteen areas not incorporated at that time as auxiliary hospital districts have been incorporated as nursing home districts, and their respective boards vested with the power to arrange for nursing home facilities only.

The colour map included in this report indicates the non-incorporated districts, the incorporated districts with nursing home facilities in operation and under construction, and the incorporated districts without nursing home facilities at December 31st, 1965.

While the incorporated districts are formally referred to either as "auxiliary hospital and nursing home districts" or as "nursing home districts" depending upon their incorporation, they are referred to in the balance of this report only as "districts".

The primary responsibility of the district boards under The Nursing Homes Act is to arrange for nursing home facilities. Every district board is, therefore, required to develop a nursing home program for the district which is subject to the approval of the Minister of Health. To date, twenty districts have submitted programs which have been approved. Table No. 18 in the Appendix lists all districts and all nursing homes in operation or under construction at December 31st, 1965.

District boards are also responsible for the establishment of district assessment committees consisting of representatives of the medical profession and health and welfare agencies. In those districts served by auxiliary hospitals, it is common practice to use the existing medical assessment committees of auxiliary hospitals for this purpose.

Under Section 8 of the Act, district boards are granted the power either to construct and operate nursing homes or to delegate this responsibility to some other organization or person. The additional responsibilities of the district boards will, therefore, depend on which ever arrangement applies.

Responsibility if Nursing Homes not owned by District Boards

Where a nursing home is or will be owned and operated by other than the district board, the responsibilities of the board with respect to the individual nursing home will include:

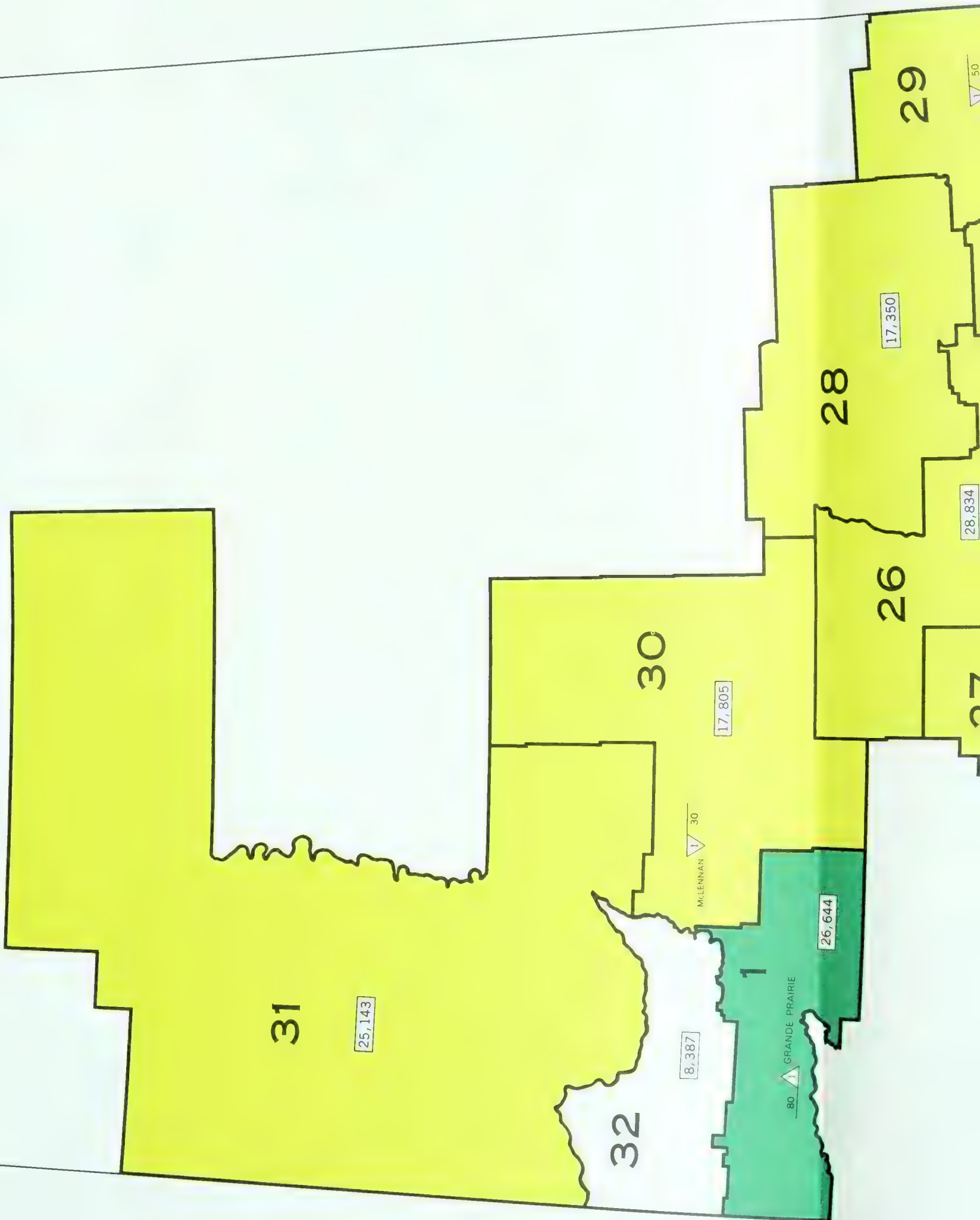
- (1) the consideration of each application for approval to operate a nursing home in the district under The Nursing Homes Act. In fulfilling this function, the district board must of necessity obtain full particulars of ownership and sufficient information about the applicant to assess adequately such factors as his motivation and knowledge of nursing home care needs; whether he has public confidence or support; whether he has sound financial backing and can provide physical facilities which meet required standards; whether he can ensure continuity of operation and provide good business management; and whether he can provide qualified and trained personnel,
- (2) the board must ensure compliance with The Nursing Homes Act and Regulations as they apply to the district,
- (3) in securing an agreement with the operator as indicated under Section 8 of the Act, the Board would of necessity consider the inclusion of necessary guarantees and a provision for the holding of regular meetings between the board and the contract nursing home. The main objective of these meetings should be the review and discussion of matters of mutual concern, including the following:
 - (i) services in relation to district needs;
 - (ii) relationships with local and district hospitals and with the assessment committees for the purpose of achieving effective co-ordination and proper utilization of facilities;
 - (iii) relationships with local and district social agencies;
 - (iv) visiting policies for the purpose of fostering continuing interest by relatives and friends;
 - (v) arrangements for patients to visit, shop, attend church and engage in other social activities in the community;

S A S K A T C

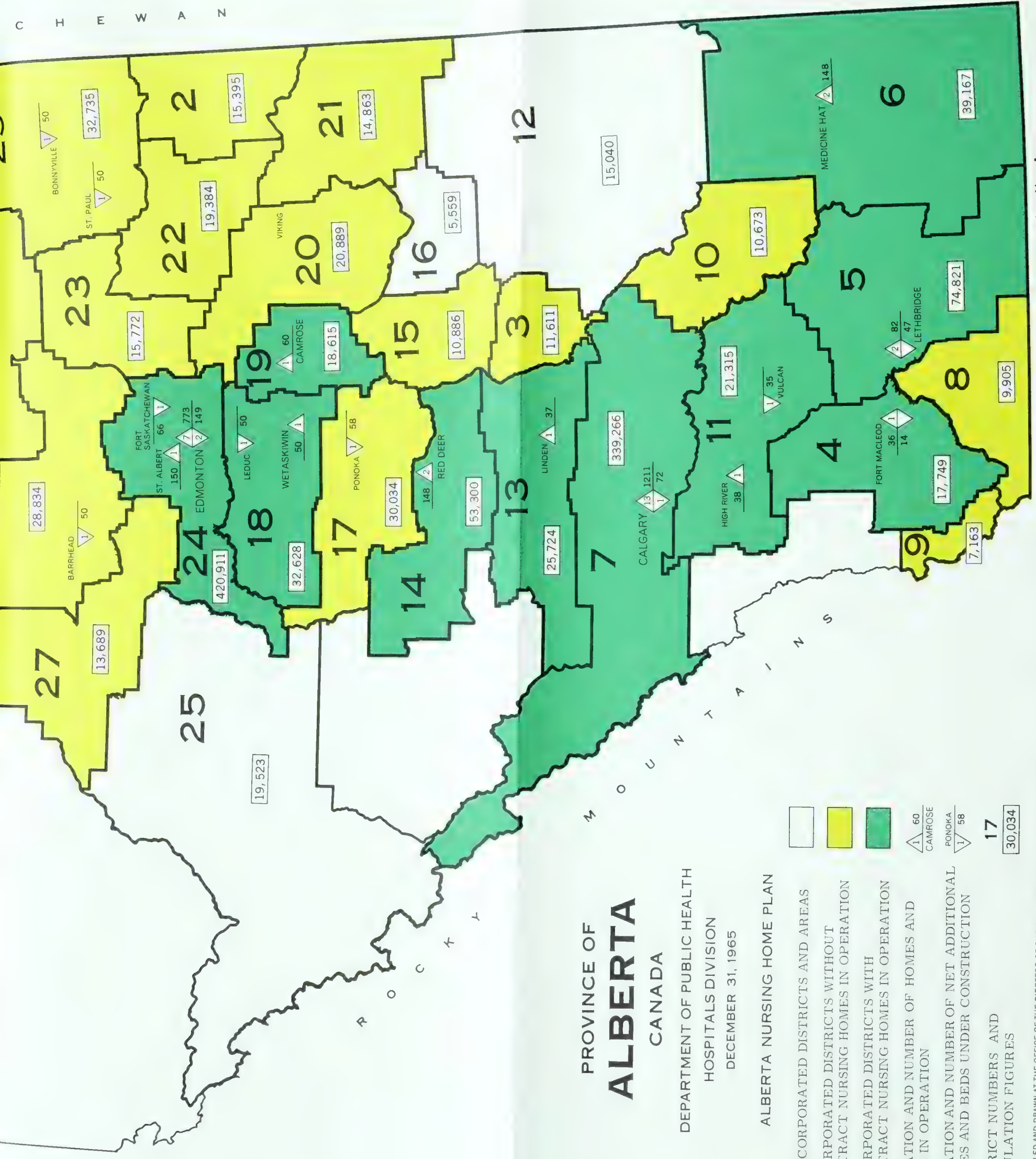
T E R R I T O R I E S

N O R T H W E S T

B R I T I S H C O L U M B I A



C H E W A N



M O N T A N A

PROVINCE OF ALBERTA

CANADA

DEPARTMENT OF PUBLIC HEALTH
HOSPITALS DIVISION
DECEMBER 31, 1965

ALBERTA NURSING HOME PLAN

- UNINCORPORATED DISTRICTS AND AREAS
- INCORPORATED DISTRICTS WITHOUT CONTRACT NURSING HOMES IN OPERATION
- INCORPORATED DISTRICTS WITH CONTRACT NURSING HOMES IN OPERATION
- LOCATION AND NUMBER OF HOMES AND BEDS IN OPERATION
- LOCATION AND NUMBER OF NET ADDITIONAL HOMES AND BEDS UNDER CONSTRUCTION
- DISTRICT NUMBERS AND POPULATION FIGURES

COMPILED AND DRAWN AT THE OFFICE OF THE DIRECTOR OF SURVEYS, EDMONTON, ALBERTA.

- (vi) complaints received by the district board; and
- (vii) inspection reports by local and provincial authorities.

Responsibility if Nursing Homes owned and operated by District Board

Where a district board elects to construct and operate a nursing home, its additional responsibilities will parallel those of the hospital district boards which own and operate hospitals. This is described in Section 6 of The Nursing Homes Act as follows:

"Subject to this Act, an auxiliary hospital and nursing home district or a nursing home district is a hospital district within the meaning of The Alberta Hospitals Act and the board of the district has all of the powers, rights and responsibilities with respect to nursing homes that a district board has with respect to auxiliary hospitals under The Alberta Hospitals Act and Regulations, to the extent that they are applicable to nursing homes."

In addition to the above, the district board, as a nursing home owner and operator, will have the responsibilities prescribed for nursing home owners and operators under The Nursing Homes Act and Regulations.

B. Hospitals Division

The responsibility of the Hospitals Division of the Department of Public Health in the administration of the Nursing Home Plan consists of:

- (1) the administration of The Nursing Homes Act, The Nursing Home Plan Regulations and the Minimum Standards of Nursing Home Construction included in the Regulations;
- (2) the detail review, inspection and approval of nursing homes in relation to the Minimum Standards of Construction prescribed by The Nursing Home Plan Regulations;
- (3) the determination, approval and maintenance of standards of service in contract nursing homes;
- (4) the payment to contract nursing homes of the per diem amount specified in the Regulations;
- (5) the inspection and supervision of contract nursing homes; and
- (6) the determination of the records to be kept and the reports to be made by the operators of the contract nursing homes.

2. NURSING HOMES UNDER THE PLAN

Table 1 shows the geographical distribution of nursing homes and beds among the various districts indicating contract nursing homes in operation and under construction. Table 18, in the Appendix, provides details of individual nursing homes in each district.

Table 1—Summary of Homes and Beds in Operation and Beds Under Construction as at December 31st, 1965, With Beds Expected To Be in Operation as at March 31st, 1966

District	Population	Homes in Operation December 31, 1965				New Beds* Under Construction Dec. 31, 1965	Estimated Total Beds in Operation March 31, 1966
		Number of Homes	Rated Bed Capacity	Percentage of Beds	Beds per 1,000 Population		
Calgary	339,266	13	1,211	42.9%	3.5	144	1,239
Edmonton	420,911	8	931	33.0	2.2	291	989
Willow-Creek-Claresholm	17,749	1	36	1.3	2.0	50	50
Lethbridge	74,821	2	82	2.9	1.1	70	129
Medicine Hat	39,167	2	148	5.2	3.7	—	148
Vulcan-Foothills	21,315	1	38	1.3	1.8	35	73
Mountain View-Kneehill	25,724	1	37	1.3	1.4	—	37
Red Deer	53,300	2	148	5.2	2.8	—	148
Camrose	18,615	1	60	2.1	3.2	—	60
Grande Prairie	26,644	1	80	2.8	3.0	—	80
Wetaskiwin-Leduc	32,628	1	50	1.8	1.5	50	100
Lacombe-Ponoka	30,034	—	—	—	—	58	58
Barrhead-Thorhild-Westlock	28,834	—	—	—	—	50	50
Bonnyville-St. Paul	32,735	—	—	—	—	100	100
McLennan-High Prairie	17,805	—	—	—	—	30	30
Remainder of Province	271,452	—	—	—	—	—	—
Total	1,451,000	33	2,821	100.0%	1.9	878	3,291

*Includes Replacements

The Nursing Homes Act prescribes that "during the first year after the establishment of the nursing home program of a district the number of the contract nursing home beds in the district shall not exceed approximately three for every one thousand of population in the district". On this basis, approximately 4,300 contract nursing home beds could be provided to serve the province as a whole.

During the first nine months of operation of the plan, from April to December, 1964, 26 nursing homes with a total rated bed capacity of 1,832 beds were contracted to provide care under the plan. Because of an immediate pressing need for nursing home beds and a lack of nursing homes which could meet the minimum standards, the district boards and the province had to utilize some of the existing homes. As a result, 9 of the older homes with a total bed capacity of 549 beds were granted contracts on a temporary basis pending construction of new facilities. On January 1st, 1965, two other existing homes with a total capacity of 51 beds were also added and granted temporary contracts resulting in 28 nursing homes with a total of 1,883 beds serving the province at the start of 1965.

During the year 1965, 1,157 new beds were added to replace existing beds, or to provide additional beds to meet district needs. Since 219 of these new beds represented a replacement of

existing beds in 7 temporary nursing homes which have since been closed, the net increase was 938 beds to an overall total of 2,821 beds in 33 nursing homes which were in operation at December 31st, 1965.

By March 31st, 1966, an additional 759 new beds are expected to be in operation, of which 289 represent replacement of existing beds in 4 temporary nursing homes to be closed and will result in an actual increase to 41 nursing homes and 3,291 beds.

By December 31st, 1966, an additional 567 new beds are expected to be in operation, of which 98 represent replacement in 1 temporary nursing home to be closed and will result in an actual increase to 49 nursing homes and 3,760 beds by the end of 1966.

It is of interest to note that while 68% of the contract nursing homes and 77% of the total number of beds were located in the metropolitan areas of Calgary and Edmonton at the beginning of 1965, these percentages will have been reduced by March 31, 1966, to 54% and 68% respectively.

As indicated in Table 2, 26 of the homes in operation at December 31, 1965, were provided by private owners while 6 homes were provided by religious organizations and 1 home was provided by a municipality.

**Table 2—Distribution of Contract Nursing Homes and Beds
by Type of Ownership, December 31, 1965**

Ownership	Number of Homes	Number of Beds	Percent- age of Homes	Percent- age of Beds
Private Enterprise	26	2,212	78.8%	78.6%
Religious Organizations	6	565	18.2	20.1
Municipality	1	36	3.0	1.3
District Board	—	—	—	—
Total	33	2,821	100.0%	100.0%

3. INSPECTION AND REVIEW

A continuing study and review of the various operational aspects of the plan was maintained during 1965.

Amendments to The Nursing Home Plan Regulations were made to clarify certain sections dealing with patient case records and the provision of necessary health services.

As a direct result of problems encountered and enquiries made, directives and recommendations in the form of information bulletins and circular letters were issued for the guidance of all those involved in the plan. The items covered included a routine pharmaceutical list for use in all contract nursing homes, a study of problem areas in relation to assessment and admission of patients and pro-

cedures in the handling of complaints involving contract nursing homes.

Regular inspection visits were carried out in all contract nursing homes. In addition, a comprehensive questionnaire survey covering nursing home operation was undertaken in the latter part of the year and this was followed by a visit to each nursing home for the purpose of reviewing the questionnaire with the owner, operator or administrator of the nursing home.

The aspects of nursing home operation covered by the survey included ownership and control, administration, physical plant, utilization of facilities, laundry and linen service, dietary service, medication control, standards of care, patients' case records, admission, discharge and financial records and recreational and diversional

activities. The information has been tabulated and is presently being reviewed for the purpose of presenting a general report to all contract nursing homes and district boards and special reports covering specific findings to individual contract nursing homes and to the board of the district in which the respective nursing home is located.

4. MEDICAL ASSESSMENT OF PATIENTS

Determination of eligibility for benefits with respect to the kind of care and services required is being undertaken by a process of screening of applications by local assessment committees. In districts in which auxiliary hospitals are operating, the medical assessment committees of the auxiliary hospitals assess the applications for nursing home care.

In districts having one or more nursing homes but not having an auxiliary hospital, an assessment committee must be established by the district board. Although the assessment process involves a determination as to whether the nursing home or some other available placement is required on the basis of the individual's care needs, a differentiation between the need for care in a nursing home and care in an auxiliary hospital is the most common area of decision at the present time.

In the Edmonton and Calgary districts representatives of the medical staff of each of the auxiliary hospitals in the district have formed a central assessment committee to review applications for admission to all of the auxiliary hospitals and nursing homes in the district. This has eliminated a duplication of applications and of assessments which previously existed, and is indicating a greater uniformity of assessment than might otherwise exist.

The physicians serving on the assessment committees do so without remuneration. The success enjoyed by the auxiliary hospital program and the successful launching of the nursing home program is due in part to the sincerity and to the keen interest freely given by the members of the medical assessment committees.

The extent to which periodic reviews are made of the care requirements of patients in nursing homes has varied locally. There is a primary responsibility on the part of the registered nurse employed by the nursing home to supervise patient care, and on the part of the patient's attending physician, to initiate reassessment and transfer of the patient when it becomes evident to them that the patient's care requirements would be more adequately provided in some other type of institution. In some of the districts, the district board through qualified employees has undertaken a review of patients of the nursing homes in the district and has instigated a reassessment of those patients whose care needs might be met more adequately elsewhere.

5. PATIENT DAYS BY RESPONSIBILITY FOR PAYMENT AND MOVEMENT OF PATIENTS

Patient Days by Financial Responsibility

The benefits provided under the plan consist of a payment of \$4.50 per day by the province to contract nursing homes on behalf of each eligible patient who is required to pay a co-insurance charge of \$2.50 per day. Benefits representing 555,035 days of nursing home care in 1965 amounted to \$2,497,657.50 and payment of co-insurance charges by patients for the same number of days amounted to \$1,387,587.50.

Table 3 shows that benefits under the plan were paid on behalf of 73.1% of the patient days in contract nursing homes during 1965. The Department of Public Welfare assumed responsibility for payment of the care of 25.1% of the patient days, the Workmen's Compensation Board for .1% and the various federal agencies for .1% of the patient days. Only 1.6% of the patients had to pay their own way without benefit of subsidy. It will be noted in the table that the proportion of total days covered under the plan has increased from 67.2% in 1964 to 73.1% in 1965. Conversely the proportion of days covered by the Department of Public Welfare decreased from 29.5% in 1964 to 25.1% in 1965.

Table 3—Distribution of Patient Days in Contract Nursing Homes by Responsibility for Payment and Location of Nursing Homes

	Calgary District	Edmonton District	Remainder of Province	Total All Nursing Homes	Percentage Distribution 1965	Percentage Distribution 1964
Responsibility for Payment	1965					
Nursing Home Plan Subsidy	240,089	171,360	143,586	555,035	73.1%	67.2%
Dept. of Public Welfare	88,015	73,757	29,225	190,997	25.1	29.5
Federal Government	421	365	31	817	.1	.2
Workmen's Compensation Boards	365	545	—	910	.1	.1
Non-Residents	3,623	633	2,059	6,315	.8	.5
Private Paying Patients	2,823	936	2,280	6,039	.8	1.3
Adjustments*	—111	—629	—109	—849	—	1.3
Total	335,225	246,967	177,072	759,264	100.0%	100.0%

*Patient days of prior year and/or current patient days for whom responsibility was not yet determined at year end.

Movement of Patients

Table 4 presents a summary of admission and separations from contract nursing homes during the year, while Table 19 in the Appendix provides detailed information for each nursing home. It will be noted that out of a total of 1,937 separations

during the year, 1,591 (81.1%) were discharged alive, either to their homes or to other institutions, as summarized in Table 5 while the remaining 346 (17.9%) were deaths in the nursing homes. Table 5 also indicates the institutions from which the nursing homes draw their patients. Information for 1964 is included for comparative purposes.

Table 4—Movement of Patients by Location of Nursing Home, 1965

Number of Patients	Location of Nursing Homes			Total
	Calgary District	Edmonton District	Remainder of Province	
In nursing home January 1, 1965	779	565	360	1,704
Admitted during year	1,173	783	782	2,738
Total under care	1,952	1,348	1,142	4,442
Discharged during year	677	436	478	1,591
Died during year	180	78	88	346
Total separations	857	514	566	1,937
In nursing home December 31, 1965	1,095	834	576	2,505

Table 5—Source of Patients Admitted and Destination of Patients Discharged Alive from Contract Nursing Homes

Patients Came from or Went to	Patients in Nursing Homes at December 31st Came from:				Persons Discharged Alive from Nursing Homes Went to:			
	1964		1965		1964		1965	
	Number	%	Number	%	Number	%	Number	%
Private Home	661	38.6%	1,077	43.0%	142	31.3%	371	23.3%
Other Nursing Home	281	16.4	267	10.7	54	11.9	175	11.0
Senior Citizens' Lodge	119	7.0	203	8.1	1	.2	12	.7
Homes Operated under Welfare Homes Act	*	*	41	1.6	*	*	—	—
Auxiliary Hospitals	294	17.2	379	15.1	27	6.0	117	7.4
Active Treatment Hospitals	329	19.2	445	17.8	154	34.0	666	41.9
Mental Institutions	7	.4	40	1.6	16	3.5	78	4.9
Other (including unspecified)	21	1.2	53	2.1	59	13.0	172	10.8
Total Number of Patients	1,712	100.0%	2,505	100.0%	453	100.0%	1,591	100.0%

*Not reported separately in 1964

Type of Accommodation

Table 6 presents a percentage distribution of patient days according to type of accommodation

requested and paid for by patients. Detailed information for each nursing home is given in Table 20 of the Appendix.

Table 6—Percentage Distribution of Nursing Home Patient Days by Type of Accommodation Charged

Type of Accommodation	Percentage of Days	
	1964	1965
Standard Ward	81.5%	84.8%
Semi-Private Ward	13.2	10.1
Private Ward	5.3	5.1
Total	100.0%	100.0%

6. CHARACTERISTICS OF PATIENTS AND SERVICES PROVIDED

Patients and Patient Days by Age, Sex and Marital Status

Table 7 presents a summary analysis by age and days of care of all patients. It will be noted

that 86.1% of the patient days involved persons 70 years of age and over. The average total days of care per thousand population in the province was 523.3 in 1965. It is indicated in the table that 11.9% of persons in Alberta of age 80 to 89 years and 26.2% of persons in Alberta aged 90 years and over were in nursing homes as at December 31st, 1965, and only 0.3% of the total population in Alberta were accommodated in nursing homes.

**Table 7—Distribution of Patients Under Care and
Total Days by Age Groups During 1965**

Age Groups	Population	Number of Patients Under Care	Total Days of Care	Percentage Distribution			Days of Care Per Year Per 1,000 Popula- tion in Each Age Group	Percent- age of Alberta Popula- tion in Nursing Homes as at Dec. 31st
				Popula- tion	Patients Under Care	Days of Care		
0- 9	358,900	—	—	24.8%	—%	—%	—	—%
10-19	277,800	7	794	19.1	.1	.1	2.8	**
20-29	187,000	19	1,389	12.9	.4	.2	7.4	**
30-39	193,400	44	4,638	13.4	1.0	.6	24.0	**
40-49	167,200	69	10,164	11.5	1.6	1.3	60.9	**
50-59	121,100	165	27,378	8.3	3.7	3.6	226.1	.1
60-69	78,900	345	53,662	5.4	7.8	7.1	679.0	.4
70-79	48,300	1,331	235,197	3.3	30.0	31.0	4899.9	2.8
80-89	16,800	1,999	343,494	1.2	45.0	45.3	20205.5	11.9
90 and Over	1,600	419	74,577	.1	9.4	9.8	37288.5	26.2
Age not stated	—	44	7,971	—	1.0	1.0	—	—
Total	1,451,000	4,442	759,264	100.0%	100.0%	100.0%	523.3	0.3%

**Less than .05

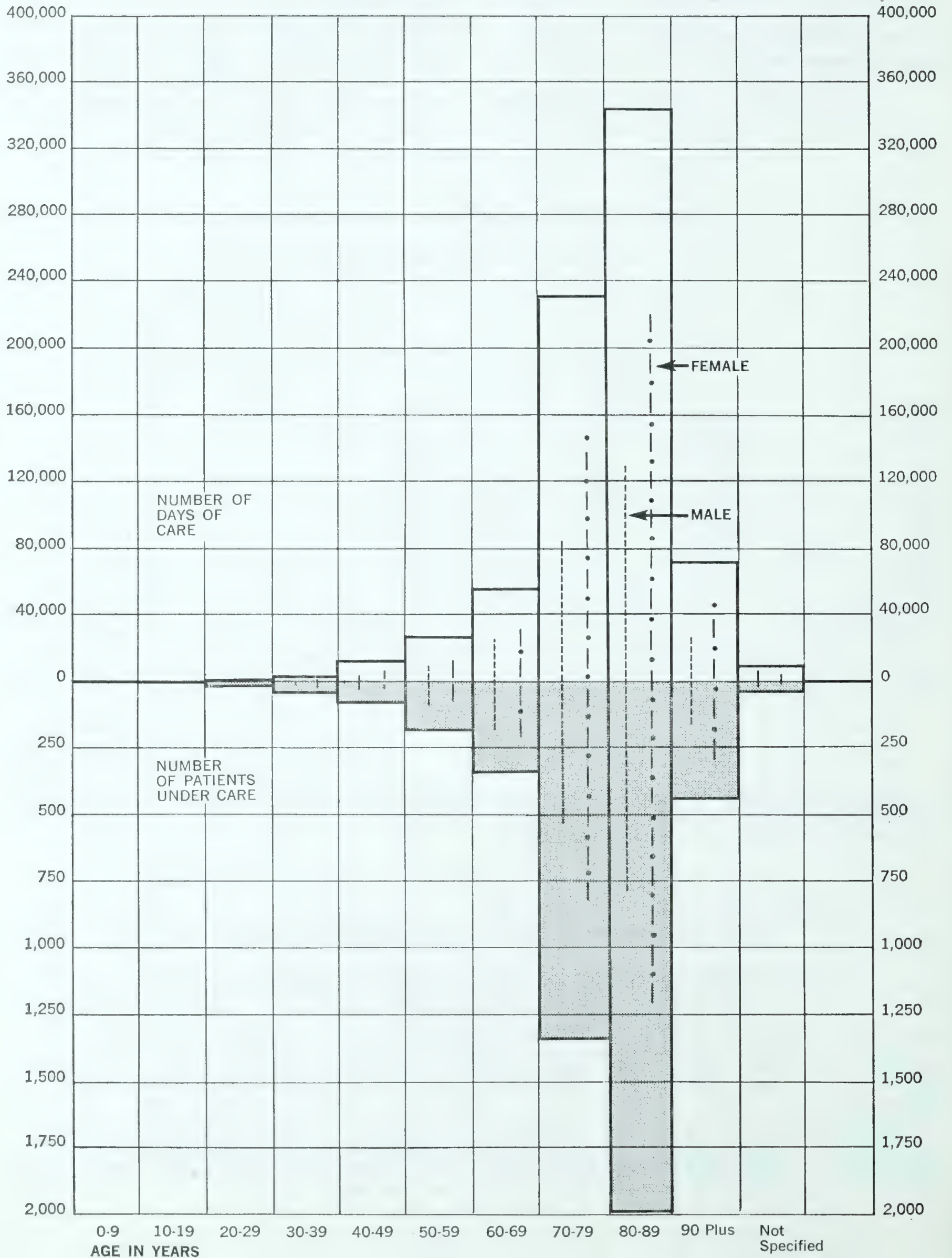
A point of interest in Table 8 is that only 16.8% of patients are married. Table 21 in the Appendix presents the data in some greater detail

while the diagram on Page 16 illustrates the information.

Table 8—Distribution of Patients by Sex and Marital Status, 1965

Marital Status	Separated (Discharged) Patients						Patients Not Separated (Discharged)					
	Male		Female		Total		Male		Female		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Married	233	28.5	205	18.3	438	22.6	231	24.2	191	12.3	422	16.8
Single	185	22.7	91	8.1	276	14.2	278	29.1	150	9.7	428	17.1
Widowed, Divorced and Separated	398	48.8	825	73.6	1,223	63.2	446	46.7	1,209	78.0	1,655	66.1
All Patients	816	100.0	1,121	100.0	1,937	100.0	955	100.0	1,550	100.0	2,505	100.0

HOSPITALS DIVISION

NUMBER OF PATIENTS AND DAYS OF CARE DURING THE
YEAR 1965 BY AGE AND SEX

Extent of Personal Care Required by Patients

Contract nursing homes are intended for indi-

viduals who require personal care. The extent of such personal care needs is shown in Table 9.

Table 9—Total Number of Patients Needing Various Types of Personal Care as at December 31

	1964		1965	
	Number of Patients	Percentage	Number of Patients	Percentage
Number of Patients in Nursing Homes as at December 31st	1,712	100.0%	2,505	100.0%
Of the above patients the following:				
Cannot feed themselves at all	186	10.9%	189	7.5%
Cannot feed themselves without partial assistance	300	17.5	490	19.6
Cannot dress themselves	900	52.6	1,088	43.4
Cannot wash themselves	772	45.1	1,025	40.9
Cannot use lavatory themselves	722	42.2	818	32.7
Cannot bathe themselves	1,239	72.4	1,700	67.9

Mobility of Patients

Further indication of the amount of care re-

quired by patients in contract nursing homes is given in Table 10 which provides an analysis of patients by their degree of mobility.

Table 10—Mobility of Patients as at December 31

Degree of Mobility	1964		1965	
	Number of Patients	Percentage	Number of Patients	Percentage
Able to Walk—				
Without Assistance	689	40.2%	1,220	48.7%
With Walking Aids and Without Staff Assistance	207	12.1	331	13.2
With Staff Assistance	285	16.6	323	12.9
Unable to Walk—Wheelchair Patients				
Not Requiring Assistance In and Out of Chair	78	4.6	117	4.7
Mobile If Helped In and Out of Chair	188	11.0	219	8.7
Bedridden	265	15.6	295	11.8
Total Number of Patients	1,712	100.0%	2,505	100.0%

Use of Dining Room

One of the aims of the nursing home plan is to encourage patients' mobility and activity, such as the use of the dining room and other facilities.

Table 11 shows the extent of utilization of dining rooms by patients. During 1965 greater use was made of dining rooms due to the replacement of temporary buildings which lacked dining rooms.

Table 11—Dining Room Use by Patients as at December 31, 1965

	Number of Patients	Percentage
Number of patients using Dining Room	1,313	52.4%
Number of patients getting tray service in their rooms—		
bedridden patients	331	13.2
non-bedridden patients	861	34.4
Total Number of Patients	2,505	100.0%

Extent of Awareness of Patients

Care and supervision for other than physical

needs is shown in Table 12 which provides an analysis of the awareness of patients as assessed by the nursing homes.

**Table 12—Mental and Emotional Status of Patients as at
December 31**

Mental and Emotional Status	1964		1965	
	Number of Patients	Percentage	Number of Patients	Percentage
Normal	870	50.8%	1,126	44.9%
Confused	654	38.2	1,153	46.0
Demented	188	11.0	226	9.0
Total	1,712	100.0%	2,505	100.0%

Treatments or Services Received by Patients

Contract nursing homes are required to provide nursing services necessary to maintain the health of their patients. Table 13 provides a sum-

mary of patients in relation to their needs for certain treatments or services. Table 14 gives a breakdown of the main types of special diets served and the number of patients requiring this special service.

**Table 13—Total Number of Patients and Treatments or Services
Received by Patients as at December 31**

	1964		1965	
	Number of Patients	Percentage	Number of Patients	Percentage
Number of patients in nursing homes as at December 31st	1,712	100.0%	2,505	100.0%
Of the above patients, the following received:				
Oral Medication	1,430	83.5	2,157	86.1
Injections	257	15.1	262	10.5
Dressings	92	5.4	95	3.8
Catheter	23	1.3	27	1.1
Colostomy	9	.5	18	.7
Physiotherapy	168	9.8	437	17.5
Special Diets	485	28.3	892	35.6

**Table 14—Total Number of Patients and Proportion Served
Special Diets as at December 31, 1965**

	Number of Patients	Percentage
Number of Patients in Nursing Homes as at December 31st	2,505	100.0%
Of the above patients, the following required special diets:		
Diabetic	268	10.7
Low Fat	68	2.7
Low Salt	280	11.2
Bland	75	3.0
Other	201	8.0
Total	892	35.6%

Diversional Activities

Diversional activity, considered one of the

important aspects of nursing home care, is receiving more and more emphasis. Table 15 shows the progress made so far.

Table 15—Diversional Activities Available in Nursing Homes During 1965

	Number of Homes	Percentage
Number of Nursing Homes in Operation	33	100.0%
Activities available:		
Organized by Outside Groups		
Afternoon Teas	5	15.2%
Church Services	31	93.9%
Entertainment (Concerts, etc.)	15	45.5%
Visits by Interested Groups (Not relatives or friends)	2	6.1%
Organized by Nursing Home		
Indoor Activities		
Cards, checkers, etc.	14	42.4%
Bingo Games	12	36.4%
Crafts and Hobbies	14	42.9%
Patient Participation Entertainment (Concerts, Sing-Songs, etc.)	7	21.2%
Birthday Parties, Teas, Social Evenings	17	51.5%
Films, Slides, Records	6	18.2%
Care of House Pets Provided by Nursing Home	3	9.1%
Piano, Pool Table, etc.	4	12.1%
Canteen Facilities	3	9.1%
Reading for the Blind	1	3.0%
Novelty Displays	1	3.0%
Dances	1	3.0%
Newsletter prepared by staff and patients	1	3.0%
Outdoor Activities		
Bus Tours, Car Rides, etc.	11	33.3%
Picnics	2	6.1%
Outdoor Games and Gardening	6	18.2%
Activities Away from Nursing Home		
Attending Outside Functions (Church teas, Bingo, Sports events)	6	18.2%
Weekly T.V. Appearances	3	9.1%

Visiting

The following table shows the extent of visiting by relatives and friends.

Table 16—Number and Percentage of Patients Visited

	Number of Patients	Percentage
Number Visited Regularly	1,553	62.0%
Number Visited Occasionally	676	27.0
Number Not Visited	276	11.0
Total Number of Patients	2,505	100.0%

7. STAFFING

The ratio of number of staff to number of patients remains approximately the same in 1965 as in 1964. When the part-time personnel are

equated into full-time at the rate of 2 to 1, it will be seen that there are the equivalent of approximately 1,280 full-time staff employed in contract nursing homes looking after a total of 2,505 patients or a ratio of one staff member for two

patients. By comparison the ratio in auxiliary hospitals in 1964 was approximately one staff member per patient, while active treatment hospitals had a ratio of approximately two staff members per patient in 1964.

Table 17 below presents a summary of staff employed in contract nursing homes as at December 31st, 1965. Details for individual nursing homes are given in Table 22 of the Appendix.

**Table 17—Number and Types of Personnel Employed
as at December 31, 1965**

	Number Employed		Percentage Distribution if 2 part time equated to 1 full-time
	Full-Time	Part-Time	
General Nursing Services:			
Registered Nurses	68	68	8.0%
Graduate Nurses	30	9	2.4
Certified Nurses' Aides	46	7	3.9
Orderlies	49	24	4.8
Other Nursing Staff	446	97	38.7
Total General Nursing Services	639	205	57.9%
Other Special Services	4	8	.6%
General Services:			
Administration	66	14	5.7%
Dietary	238	55	20.7
Laundry	52	11	4.5
Housekeeping	94	17	8.0
Operation and Maintenance of Physical Plant	27	11	2.5
Total General Services	477	108	41.5%
Total of All Staff	1,120	321	100.0%

8. FINANCING

General:

The calendar year 1965 marked the close of the first full year of operation under The Nursing Homes Act, and represents a cumulative picture of development from April 1964 to the end of the year 1965.

It is difficult to procure meaningful factual information in the financing field since the provision of facilities is still in the development stage, and like any normal business, a period of formation and development tends to distort the relative financial data from the standpoint of a stabilized operation. There are indications towards stabilization, and therefore it is anticipated that significant financial information may be presented for 1966 which will be meaningful.

Since the maximum utilization of facilities plays an important part in regard to the efficient financial operation of the nursing home, it is interesting to note the effect which the maximum of three beds per thousand, set out in the Regulations, has had in tending to protect the operators from undue expansion of facilities to the point where the level of operations radically affects the financial position of the individual operator.

The establishment of nursing homes in the rural areas reflects to date the significance of occupancy and staff, and the newer homes established in these areas are faced with the problem of occupancy in relation to the financial costs of operation.

The provision made in the Act for the nursing home to gain additional revenue from patients who request semi-private and private rooms appears to have added a revenue of approximately 60 cents per patient day on the basis of an average return. In the determination of the basic subsidized rate on the part of the Provincial Government this item was not taken into consideration. In other words, a rate was set in such a manner to allow the operator without private and semi-private accommodation to operate within the limits set out by the subsidy plus the financial responsibility of the patient. Patients tend to request standard ward accommodation in the nursing home facilities, although the utilization of private and semi-private accommodation shows there is some demand for this kind of accommodation. The source of revenue from semi-private or private rooms to nursing homes is not as high as was expected by some operators, although it does play a part in regard to the margin left to the individual operator after meeting the required costs of operation.

Cost of Construction:

A review has been made of the financial statements of a number of contract nursing homes. On the average the cost of building and equipment approximates a level between \$5,000.00 and \$6,000.00. Certain nursing homes have exceeded this level, although it might be indicated that the level which was originally set of \$6,000.00 appears to be reasonable.

The method of financing which is being utilized by private enterprise in the nursing home construction indicates a relatively low owner's equity. The rate of interest on the outside financing is relatively high, ranging to 12% or more depending upon the financial arrangements made.

Cost of Operation:

As previously stated, due to the development aspect of the nursing home program it is difficult to assess the actual cost of operation from the financial returns, in relation to the subsidy granted by the Provincial Government. A tentative review of the statements which have been presented, indicates an overall cost of operation with reasonable provision for repayment of outside financing, and a reasonable rate of interest to be within the confines of the rates which have been determined. It is too early to make any specific comment in this particular area, other than to indicate that in general the stand which was taken by the Provincial Government was to postpone any consideration of rate adjustment for a period of at least two years of operation.

ANP



A HAPPIER WAY OF LIFE FOR THOSE WHO NEED NURSING HOME CARE

ALBERTA

NURSING HOME PLAN



Handicrafts on Display and Refreshments



Sing-along

GENERAL INFORMATION

The purpose of The Alberta Nursing Home Plan, which was established in April 1964, is to provide care for those who are not well enough to be accommodated in a senior citizens lodge and yet not sick enough to be in a hospital. The plan, however, is not restricted to senior citizens but is intended for any person requiring such personal services as help in walking and getting in and out of bed, assistance with general bathing, help with dressing or feeding, preparation of special diet, supervision over medications and other types of personal assistance of this order.

The nursing homes which operate under the Plan are approved by the local board of the nursing home district in which they are located and are subject to the requirements of The Nursing Homes Act and Regulations and to the supervision of the Hospitals Division of the Department of Public Health which administers the Plan in conjunction with the district boards.

All new nursing homes being built must comply with the Minimum Standards of Nursing Home Construction which prescribe in addition to essential services such extra facilities as dining rooms, barber and beauty shops and areas for the provision of recreational, diversional and religious activities.

BENEFITS

The benefits provided under the Plan consist of a payment of \$4.50 per day by the Province for nursing home care given by a contract nursing home. Nursing Home care includes the following services:

- (a) accommodation, meals and laundry
- (b) personal services such as help and supervision in cleanliness, mobility, safety, feeding and dressing
- (c) special diets when necessary
- (d) routine drugs and dressings as ordered by the attending physician
- (e) recreational, diversional and re-activational activities

EXCLUSIONS

Services which are not included as benefits under the Plan and for which patients must assume financial responsibility are:

- (a) doctors' fees
- (b) ambulance service
- (c) transportation to or from the nursing home
- (d) special laundry and dry cleaning services which a contract nursing home is not required to provide
- (e) special drugs and medical and surgical supplies and prosthetic and other appliances
- (f) differential charges between standard ward and private or semi-private accommodation when private or semi-private accommodation is provided at the patient's request

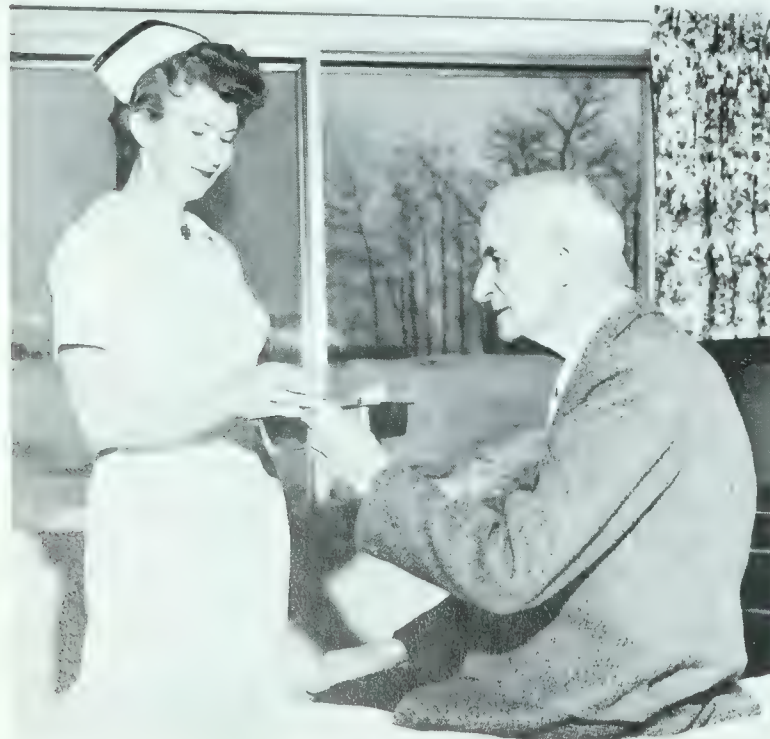
ELIGIBILITY FOR BENEFITS

Benefits are provided under the Plan for any patient in a contract nursing home who

- (a) has been found by a duly appointed medical assessment committee to require care in a nursing home;
- (b) has established his home in Alberta; and
- (c) has resided in Alberta for the three consecutive years immediately preceding an application for benefits.

This residency requirement implies, however, that even though a patient may not be eligible for benefits at the time of admission to a contract nursing home because he had not been a resident of Alberta for three consecutive years, he may apply for benefits as soon as he has completed three consecutive years of residence in Alberta.

Professional Supervision of Medications



A Religious Service

Diversional Activity—Handicrafts





A Well Appointed Dining Room

A temporary absence of less than twelve consecutive months from Alberta is not considered to be a break in this residency requirement providing that a person left with the intention of returning to his home in Alberta.

However, benefits may not be paid in respect of a patient where payment for his care in a nursing home

- (a) is the responsibility of
 - (i) the Department of Public Welfare;
 - (ii) the Workmen's Compensation Board;
 - (iii) the Department of Veterans' Affairs (Canada);
 - (iv) the Department of National Defence (Canada); or
 - (v) the Indian and Northern Health Services of the Department of National Health and Welfare (Canada); or
- (b) is provided for under any other statute.

Persons who do not qualify for benefits either because they have been assessed as not requiring nursing home care or because they have resided in Alberta for less than three consecutive years are responsible for payment of the rate determined by the contract nursing home.

However, where a person requires nursing home care but has not completed three years residency in Alberta and is unable to pay the full rate charged he may apply for assistance to the nearest regional office of the Department of Public Welfare.

No benefits are provided for care in a nursing home outside of Alberta.

CONTRACT NURSING HOMES

Contract nursing homes are nursing homes in Alberta which have

- (a) been approved by the board of the nursing home district in which they are located; and
- (b) entered into a contract with the Minister of Health for the provision of nursing home care in accordance with the requirements of The Nursing Homes Act and Regulations.

⇨ Patients may enjoy their own furnishings ⇨



Entertaining



An up-to-date list of contract nursing homes may be obtained by contacting Hospitals Division, Department of Public Health, Administration Building, Edmonton.

APPLICATION FOR ADMISSION TO A CONTRACT NURSING HOME

A person seeking admission to a contract nursing home should follow the procedure outlined below.

- (a) The attending physician of the prospective nursing home patient must complete an Auxiliary Hospital and Nursing Home Admission Assessment Form PH.HD. 290. This form is available at all auxiliary hospitals and contract nursing homes and at most general hospitals. In any event, the form may be obtained directly from the Hospitals Division, Department of Public Health, Edmonton.
- (b) When completed, all three copies of the Form PH.HD. 290 must be submitted to the Medical Assessment Committee of an auxiliary hospital or of a nursing home district where such a district is not served by an auxiliary hospital.
- (c) To ensure that the applicant is referred to the type of institution which best provides the care required, the Medical Assessment Committee will determine whether the applicant requires auxiliary hospital care or nursing home care. For this reason the applicant's attending physician should also indicate on Form PH.HD. 290
 - (i) the name of the auxiliary hospital to which the applicant would prefer being admitted, should he be assessed as requiring auxiliary hospital care; and
 - (ii) the name of the contract nursing home to which the applicant would prefer being admitted, should he be assessed as requiring nursing home care.
- (d) Once the applicant has been assessed as requiring nursing home care, he should then make arrangements necessary for admission to the contract nursing home of his choice, directly with that nursing home.

RATES CHARGEABLE TO ELIGIBLE PATIENTS

Patients eligible under The Nursing Homes Act are required to pay an amount not exceeding:

- (a) \$2.50 per day for standard ward
- (b) \$4.50 per day for semi-private room when such accommodation has been provided at the patient's request
- (c) \$7.50 per day for private room when such accommodation has been provided at the patient's request.

Patients who are unable to pay in whole or in part the charges of \$2.50 per day for standard ward may apply for assistance to the nearest regional office of the Department of Public Welfare.

ENQUIRIES

Enquiries regarding an individual contract nursing home may be addressed to the board of the local nursing home district in which the contract nursing home is located.

Additional information may be obtained by contacting

**HOSPITALS DIVISION,
DEPARTMENT OF PUBLIC HEALTH,
ADMINISTRATION BUILDING,
EDMONTON, ALBERTA.**



Dining Together

Even the Young are Involved



APPENDIX

**Table 18—Names of Districts and Homes in Operation and Under Construction, with Ownership Indicated
as at December 31, 1965**

District No.	Name of District and Nursing Homes in Operation or Under Construction	Type of Ownership	No. of Rated Beds as at December 31, 1965	No. of Beds Under Construction at December 31, 1965
1	GRANDE PRAIRIE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Grande Prairie Central Park Lodge	Private	80	—
2	VERMILION RIVER AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
3	DRUMHELLER AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
4	WILLOW-CREEK-CLARESHOLM AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Fort Macleod Senior Citizens' Nursing Home	Municipal	36*	—
	Blunt's Fort Macleod Nursing Home	Private	—	50
5	LETHBRIDGE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Lethbridge Nursing Home	Private	23*	—
	Edith Cavell Nursing Home	Private	—	70
	Devon Nursing Home	Private	59	—
6	MEDICINE HAT AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Baptist Haven of Rest	Religious	48	—
	River View Nursing Home	Private	100	—
7	CALGARY AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Beverly Nursing Home	Private	34	—
	Blunt's Kenwood Nursing Home	Private	96	—
	Bow Crest Nursing Home	Private	67	—
	Bow View Rest Home	Private	154	—
	Brentwood Nursing Home	Private	118	—
	Cedars Villa	Private	148	—
	Calgary Central Park Lodge	Private	100	—
	Chinook Nursing Home	Private	100	—
	Glamorgan Nursing Home	Private	58	—
	Father Lacombe Home	Religious	72*	100
	Mayfair Nursing Home	Private	119	—
	Meadowbrook Nursing Home	Private	27	—
	Scottish Nursing Home	Private	—	44
	Southwood Nursing Home	Private	118	—
8	CARDSTON NURSING HOME DISTRICT			
9	COLEMAN-BLAIRMORE NURSING HOME DISTRICT			
10	BROOKS-NEWELL NURSING HOME DISTRICT			
11	VULCAN-FOOTHILLS NURSING HOME DISTRICT			
	Twilight Nursing Home, High River	Private	38	—
	Blunt's Vulcan Nursing Home, Vulcan	Private	—	35
12	HANNA DISTRICT†			
13	MOUNTAIN VIEW - KNEEHILL AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Linden Nursing Home, Swalwell	Religious	37	—

District No.	Name of District and Nursing Homes in Operation or Under Construction	Type of Ownership	No. of Rated Beds as at December 31, 1965	No. of Beds Under Construction at December 31, 1965
14	RED DEER AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Red Deer Nursing Home	Private	78	—
	West Park Nursing Home	Private	70	—
15	STETTLER AUXILIARY HOSPITAL DISTRICT†			
16	CORONATION - PAINTEARTH DISTRICT†			
17	LACOMBE - PONOKA NURSING HOME DISTRICT			
	Northcott Lodge, Ponoka	Private	—	58
18	WETASKIWIN - LEDUC AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Green Acres Nursing Home, Wetaskiwin	Private	50	—
	Leduc Nursing Home, Leduc	Private	—	50
19	CAMROSE NURSING HOME DISTRICT			
	Bethany Nursing Home, Camrose	Religious	60	—
20	FLAGSTAFF - BEAVER AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
21	WAINWRIGHT - PROVOST AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
22	MINBURN - EAGLE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
23	LAMONT - SMOKY LAKE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
24	EDMONTON AND RURAL AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Central Park Lodge	Private	124	—
	Good Samaritan Nursing Home	Religious	194	—
	Hardisty Nursing Home	Private	98*	—
	Jubilee Lodge	Private	126	—
	Sherbrooke Lodge	Private	100	—
	Venta Nursing Home	Private	55	—
	Westhaven Nursing Home	Private	76	—
	Youville Nursing Home, St. Albert	Religious	158*	150
	Rivercrest Lodge, Fort Saskatchewan	Private	—	66
	D.V.A. Nursing Home	Government	—	75
25	EDSON DISTRICT†			
26	BARRHEAD - THORHILD - WESTLOCK AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
	Barrhead Nursing Home	Private	—	50
27	LAC STE. ANNE - WHITECOURT NURSING HOME DISTRICT			
28	ATHABASCA - LAC LA BICHE NURSING HOME DISTRICT			
29	BONNYVILLE - ST. PAUL NURSING HOME DISTRICT			
	Blunt's Bonnyville Nursing Home	Private	—	50
	Blunt's St. Paul Nursing Home	Private	—	50
30	McLENNAN - HIGH PRAIRIE NURSING HOME DISTRICT			
	N.D. du Lac Nursing Home, McLennan	Religious	—	30
31	PEACE RIVER - FAIRVIEW AUXILIARY HOSPITAL AND NURSING HOME DISTRICT			
32	SPIRIT RIVER DISTRICT†			
	TOTAL		2821	878

†Not yet incorporated as a nursing home district

*Temporary Nursing Home facility being replaced

Table 19—Rated Bed Capacity, Movement of Patients, Percentage Occupancy and Average Length of Stay, 1965

Nursing Home	NUMBER OF IN-PATIENTS										AVERAGE LENGTH OF STAY IN DAYS	
	Number of Rated Beds as at December 31, 1965	In Nursing Home at Beginning of Year	Admissions During Year	Total Under Care During Year	Discharged During Year	Deaths During Year	Total Separations During Year	In Nursing Home at December 31, 1965	Percentage Occupancy	Separated Patients	Patients Not Separated	
Calgary, Beverly	34	36	25	61	14	13	27	34	96.7%	299.8	333.0	
Calgary, Blunt's Kenwood	96	77	107	184	72	18	90	94	97.1	137.2	297.4	
Calgary, Bow Crest	67	56	42	98	20	12	32	66	92.8	192.6	379.8	
Calgary, Bowness	—	16	2	18	18	—	18	—	95.2	309.0	—	
Calgary, Bow View	154	91	82	173	59	23	82	91	61.4	234.1	356.6	
Calgary, Brentwood	118	114	86	200	62	20	82	118	99.0	214.3	382.7	
Calgary, Cedars Villa	148	145	150	295	125	23	148	147	98.9	128.9	405.3	
Calgary, Central Park Lodge	100	—	122	122	26	—	26	96	74.1	48.0	103.9	
Calgary, Chinook	100	—	108	108	22	4	26	82	45.8	23.3	78.1	
Calgary, Glamorgan	58	57	28	85	19	10	29	56	97.6	183.0	463.0	
Calgary, Father Lacombe	72	52	63	115	38	19	57	58	86.9	214.5	349.1	
Calgary, Mayfair	119	—	246	246	113	20	133	113	66.0	31.9	144.1	
Calgary, Meadowbrook	27	26	11	37	8	3	11	26	84.1	213.2	425.1	
Calgary, Southwood	118	109	101	210	81	15	96	114	97.4	169.7	340.8	
Sub Total	1211	779	1173	1952	677	180	857	1095	85.7%	153.7	301.7	
Edmonton, Central Park Lodge	124	116	104	220	87	16	103	117	94.0	178.2	341.5	
Edmonton, Good Samaritan	194	—	144	144	12	1	13	131	43.5	12.6	24.5	
Edmonton, Hardisty	98	112	47	159	62	3	65	94	102.4	189.4	336.1	
Edmonton, Jubilee Lodge	126	121	90	211	81	4	85	126	98.2	155.1	347.3	
Edmonton, Little Paradise	—	—	18	18	17	1	18	—	113.9	104.6	—	
Edmonton, Sherbrooke	100	30	137	167	62	8	70	97	101.8	107.6	208.4	
Edmonton, Venta	55	29	78	107	54	—	54	53	93.9	121.4	274.2	
Edmonton, Westhaven	76	—	100	100	16	12	28	72	56.3	145.7	167.8	
Edmonton, Youville	158	157	65	222	45	33	78	144	90.1	204.9	352.2	
Sub Total	931	565	783	1348	436	78	514	834	91.5%	155.4	258.6	
Camrose, Bethany	60	36	29	65	22	4	26	39	60.4	163.7	284.2	
Ft. Macleod, Senior Citizens	36	30	19	49	12	13	25	24	72.3	155.7	326.5	
Grande Prairie, Central Park Lodge	80	—	124	124	46	6	52	72	55.5	54.1	136.2	
High River, Twilight	38	38	23	61	17	8	25	36	97.1	185.5	310.4	
Lethbridge, Nursing Home	23	28	7	35	6	6	12	23	108.1	207.1	358.4	
Lethbridge, Devon	59	—	68	68	11	2	13	55	75.6	49.8	101.9	
Lethbridge, Galt	—	53	51	104	91	13	104	—	88.3	161.7	—	
Medicine Hat, Baptist Haven of Rest	48	44	54	98	52	3	55	43	96.7	118.5	300.0	
Medicine Hat, River View	100	—	161	161	63	5	68	93	59.8	68.2	151.5	
Red Deer, Nursing Home	78	50	125	175	87	17	104	71	89.7	121.5	254.3	
Red Deer, West Park	70	46	65	111	41	11	52	59	88.1	195.0	316.2	
Swalwell, Linden	37	35	28	63	26	—	26	37	96.7	124.8	294.1	
Wetaskiwin, Green Acres	50	—	28	28	4	—	4	24	37.5	25.3	23.1	
Sub Total	679	360	782	1142	478	88	566	576	79.1%	129.6	223.5	
Grand Total	2821	1704	2738	4442	1591	346	1937	2505	85.9%	147.1	268.1	

Table 20—Distribution of Patient Days During Year by Responsibility for Payment and by Type of Accommodation Charged, 1965

Nursing Home	RESPONSIBILITY FOR PAYMENT							TYPE OF ACCOMMODATION CHARGED				
	Nursing Plan	Department of Public Welfare	Federal Government	Workmen's Compensation	Non-Residents	Private Paying Patients	Adjust-ments**	Total Patient Days	Standard Ward	Semi-Private Room	Private Room	Total Patient Days
Calgary, Beverly	6,010	5,266	—	—	212	481	28	11,997	8,793	2,901	303	11,997
Calgary, Blunt's Kenwood	29,105	4,505	—	—	—	606	-179	34,037	30,622	1,865	1,550	34,037
Calgary, Bow Crest	12,332	10,409	—	—	—	—	-41	22,700	20,118	2,217	365	22,700
Calgary, Bowness*	1,642	650	—	—	—	5	3	2,300	2,300	—	—	2,300
Calgary, Bow View	10,221	23,868	—	—	—	447	-33	34,503	28,501	5,116	886	34,503
Calgary, Brentwood	36,950	5,145	—	365	206	—	-15	42,651	32,675	7,615	2,361	42,651
Calgary, Cedars Villa	42,545	10,251	—	—	558	141	-66	53,429	36,455	15,768	1,206	53,429
Calgary, Central Park Lodge	9,970	427	—	—	901	31	1	11,330	7,390	—	3,940	11,330
Calgary, Chinook	5,704	1,000	—	—	304	—	—	7,008	5,514	1,118	376	7,008
Calgary, Glamorgan	10,739	9,524	—	—	—	360	37	20,660	16,668	2,495	1,497	20,660
Calgary, Father Lacombe	16,081	5,941	421	—	377	—	9	22,829	22,464	365	—	22,829
Calgary, Mayfair	17,750	2,908	—	—	173	695	—	21,526	14,961	3,062	3,503	21,526
Calgary, Meadowbrook	3,270	4,964	—	—	—	57	—	8,291	7,687	558	46	8,291
Calgary, Southwood	37,770	3,157	—	—	892	—	145	41,964	31,154	7,974	2,836	41,964
Sub Total	240,089	88,015	421	365	3,623	2,823	-111	335,225	265,302	51,054	18,869	335,225
Edmonton, Central Park Lodge	31,664	10,047	365	139	—	575	-252	42,538	28,783	10,039	3,716	42,538
Edmonton, Good Samaritan	2,902	328	—	72	73	—	—	3,375	2,676	407	292	3,375
Edmonton, Hardisty	27,731	9,220	—	—	—	4	-330	36,625	34,113	—	2,512	36,625
Edmonton, Jubilee Lodge	35,714	8,889	—	—	556	—	3	45,162	41,356	2,382	1,424	45,162
Edmonton, Little Paradise*	924	990	—	—	—	—	—	1,914	1,914	—	—	1,914
Edmonton, Sherbrooke	22,367	3,089	—	—	—	357	-60	25,753	21,688	2,466	1,599	25,753
Edmonton, Venta	13,733	5,138	—	—	—	—	-21	18,850	17,927	923	—	18,850
Edmonton, Westhaven	5,518	9,760	—	334	—	—	1	15,613	15,613	—	—	15,613
Edmonton, Youville	30,807	26,296	—	—	4	—	30	57,137	53,758	56	3,323	57,137
Sub Total	171,360	73,757	365	545	633	936	-629	246,967	217,828	16,273	12,866	246,967
Camrose, Bethany	10,611	2,575	—	—	—	—	41	13,227	11,768	217	1,242	13,227
Ft. Macleod, Senior Citizens	6,580	2,904	—	—	16	—	-1	9,499	9,499	—	—	9,499
Grande Prairie, Central Park Lodge	11,490	1,086	—	—	—	—	-2	12,574	12,106	468	—	12,574
High River, Twilight	10,892	2,771	—	—	—	58	-257	13,464	13,241	243	—	13,464
Lethbridge, Nursing Home	7,976	852	—	—	243	—	—	9,071	6,994	766	1,311	9,071
Lethbridge, Devon	5,310	845	—	—	—	—	41	6,196	5,480	417	299	6,196
Lethbridge, Galt*	13,001	2,441	—	—	221	—	—	15,663	15,216	186	261	15,663
Medicine Hat, Baptist Haven of Rest	13,339	3,202	—	—	407	—	—	16,948	14,691	1,146	1,111	16,948
Medicine Hat, River View	16,841	1,082	—	—	719	—	27	18,669	15,170	2,850	649	18,669
Red Deer, Nursing Home	21,936	3,218	—	—	91	266	25	25,536	21,952	2,191	1,393	25,536
Red Deer, West Park	15,739	6,387	—	—	362	—	17	22,505	20,933	921	651	22,505
Swalwell, Linden	9,406	1,702	—	—	—	1,956	—	13,064	13,064	—	—	13,064
Wetaskiwin, Green Acres	465	160	31	—	—	—	—	656	656	—	—	656
Sub Total	143,586	29,225	31	—	2,059	2,280	-109	177,072	160,728	9,405	6,917	177,050
Grand Total	555,035	190,997	817	910	6,315	6,039	-849	759,264	643,880	76,732	38,652	759,264

*Ceased Operations During 1965

**Patient Days of Prior Year and/or Current Patient Days for Whom Responsibility Was Not Yet Determined at Year End

HOSPITALS DIVISION

Table 21—Patients by Sex, Age and Marital Status, 1965

		PATIENTS SEPARATED DURING THE YEAR										PATIENTS IN NURSING HOMES AS AT DECEMBER 31, 1965									
Age	Population	Number of Separations	MARITAL STATUS NUMBER OF PATIENTS			Accumulated Days Since Contract	PERCENTAGE DISTRIBUTION			Number of Patients	MARITAL STATUS NUMBER OF PATIENTS			Accumulated Days Since Contract	PERCENTAGE DISTRIBUTION						
			Married	Single	Other*		Popu-lation	Cases	Days		Married	Single	Other*		Popu-lation	Cases	Days				
MALE																					
0-9	183,700	5	—	5	—	1,003	24.6	—	—	1	—	—	—	181	24.6	—	—				
10-19	142,300	7	—	2	—	926	19.1	.6	—	4	—	—	—	278	19.1	.1	**				
20-29	94,000	16	4	12	1	1,579	12.6	.9	—	—	—	—	—	1,130	12.6	.4	1				
30-39	100,600	10	3	7	—	262	13.5	2.0	—	—	—	1	—	3,263	13.5	.8	.5				
40-49	84,600	42	7	3	—	5,130	11.4	1.2	—	3	—	—	—	10,693	11.4	1.3	1.4				
50-59	63,000	70	20	14	8	6,565	8.4	5.1	—	6	—	9	—	18,090	8.4	4.6	4.4				
60-69	42,400	240	25	22	23	31,598	5.7	8.6	—	18	—	24	—	71,048	5.7	7.9	7.5				
70-79	25,500	340	83	54	103	52,393	3.4	29.4	—	83	—	120	—	110,093	3.4	30.3	29.4				
80-89	8,800	71	75	62	203	12,999	1.2	41.7	—	111	—	224	—	24,124	1.2	44.5	45.5				
90 and Over	800	15	11	9	51	1,488	.1	8.7	—	10	—	60	—	2,993	.1	9.1	10.0				
No Age Stated	—	—	5	2	8	—	—	1.8	—	—	—	8	—	—	—	1.0	1.2				
Total	745,700	816	233	185	398	113,943	100.0	100.0	—	231	278	446	100.0	241,893	100.0	100.0	100.0				
FEMALE																					
0-9	175,200	1	—	1	—	—	24.8	—	—	—	—	—	—	—	24.8	—	—				
10-19	135,500	5	—	4	—	126	19.2	.5	—	—	—	—	—	470	19.2	.2	1				
20-29	93,000	15	1	3	—	1,047	13.2	1.3	—	—	3	—	—	2,467	13.2	.3	.6				
30-39	92,800	25	17	6	2	2,232	11.7	2.2	—	—	5	—	4	5,960	11.7	1.4	1.4				
40-49	82,600	43	20	11	12	5,611	8.2	3.8	—	2	16	—	14	12,704	8.2	2.3	3.0				
50-59	58,100	83	20	7	56	11,050	5.2	7.4	—	19	21	77	—	31,231	5.2	7.6	7.3				
60-69	36,500	325	73	19	233	49,338	3.3	29.0	—	88	27	362	—	129,030	3.3	30.8	30.0				
70-79	22,800	494	56	28	410	75,611	1.2	44.2	—	74	49	617	—	200,256	1.2	47.8	46.6				
80-89	8,000	121	4	11	106	25,241	.1	10.8	—	4	10	126	—	43,875	.1	9.0	10.2				
90 and Over	800	9	2	1	6	713	—	.8	—	1	—	9	—	3,585	—	.6	.8				
No Age Stated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Total	705,300	1,121	205	91	825	170,971	100.0	100.0	—	191	150	1,209	100.0	429,578	100.0	100.0	100.0				
BOTH SEXES																					
0-9	358,900	6	—	6	—	1,005	24.8	.3	—	—	1	—	—	—	24.8	—	—				
10-19	277,800	12	—	6	—	1,052	19.1	.6	—	—	7	—	—	181	19.1	.3	**				
20-29	187,000	31	5	15	1	2,626	12.9	.6	—	—	12	—	—	748	12.9	.5	1				
30-39	193,400	35	15	9	2	2,494	13.4	1.6	—	—	25	—	1	3,597	13.4	.5	.5				
40-49	167,200	85	24	9	20	10,741	11.5	1.8	—	5	48	—	4	9,223	11.5	1.4	1.4				
50-59	121,100	153	40	25	79	17,615	8.3	4.4	—	9	54	—	23	23,397	8.3	3.2	3.4				
60-69	78,900	565	156	73	336	80,936	5.4	7.9	—	37	113	—	101	49,321	5.4	7.6	7.4				
70-79	48,300	834	131	90	613	128,004	3.3	29.2	—	171	139	—	482	200,078	3.3	30.6	30.0				
80-89	16,800	192	15	20	157	38,240	1.2	43.1	—	185	27	—	841	310,349	1.2	46.5	46.2				
90 and Over	1,600	24	7	3	14	2,201	.1	9.9	—	14	2	—	186	67,999	.1	9.1	10.0				
No Age Stated	—	—	—	—	—	—	—	1.2	—	1	—	17	—	6,578	—	.8	1.0				
Total	1,451,000	1,937	438	276	1,223	284,914	100.0	100.0	—	422	428	1,655	100.0	671,471	100.0	100.0	100.0				

* Widowed, divorced & separated
** Less than .05

**Table 22—Number of Staff Employed by Category of Personnel or Service
at at December 31, 1965**

Nursing Home	GENERAL NURSING SERVICES										GENERAL SERVICES										Total For All Staff							
	Registered Nurses		Graduate Nurses		Certified Nurses Aides		Orderlies		Other Nursing Staff		Total General Nursing Services		Other Special Services		Administration		Dietary		Laundry				House-keeping		Oper. & Maintenance of Physical Plant		Total General Services	
	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	F.F.	
Calgary, Beverly Calgary, Blunt's Kenwood Calgary, Bow Crest Calgary, Bow View Calgary, Brentwood Calgary, Cedars Villa Calgary, Central Park Lodge Calgary, Chinook Calgary, Glamorgan Calgary, Father Lacombe Calgary, Mayfair Calgary, Meadowbrook Calgary, Southwood	1	1	1	3	2	2	—	5	2	9	3	—	1	—	1	3	—	2	6	1	—	—	1	5	1	14	4	
	1	4	2	2	—	—	—	8	12	18	21	4	—	—	—	—	—	—	1	3	1	—	—	1	13	1	31	
	1	—	2	—	—	—	—	13	2	17	4	—	—	—	—	—	—	3	3	1	—	—	1	8	4	25		
	4	—	2	—	—	—	—	23	1	31	2	—	—	—	—	—	—	4	7	3	—	—	2	18	4	49		
	5	6	1	—	—	—	—	14	4	25	11	—	1	—	—	—	—	1	10	1	—	—	1	19	3	45		
	4	2	—	—	—	—	—	28	6	32	8	—	3	—	—	—	—	—	10	—	—	—	1	24	2	56		
	3	4	2	—	—	—	—	14	2	20	5	—	1	—	—	—	—	4	8	3	—	—	1	16	4	36		
	4	6	3	—	—	—	—	10	4	20	10	4	—	1	—	—	—	2	8	2	—	—	1	16	6	37		
	1	1	—	—	—	—	—	14	3	16	4	—	—	—	—	—	—	1	4	3	—	—	1	8	4	24		
	3	—	—	—	—	—	—	8	—	18	—	—	—	—	—	—	—	2	7	1	—	—	4	23	6	41		
	3	—	—	—	—	—	—	21	—	29	—	—	—	—	—	—	—	1	9	4	—	—	1	18	7	47		
	1	—	2	—	—	—	—	4	—	8	1	—	—	—	—	—	—	2	2	—	—	—	1	6	—	14		
	4	6	2	—	—	—	—	14	4	25	11	—	—	—	—	—	—	10	2	—	—	—	1	19	4	45		
	Sub Total	35	28	19	5	24	4	80	3	30	5	86	22	19	9	44	9	14	1	193	46	464	131	46	193	31	395	99
	Edmonton, Central Park Lodge Edmonton, Good Samaritan Edmonton, Hardisty Edmonton, Jubilee Lodge Edmonton, Sherbrooke Edmonton, Venta Edmonton, Westhaven Edmonton, Youville	3	3	—	—	1	—	—	21	4	28	7	—	2	—	—	—	—	2	7	2	—	—	1	15	3	43	10
6		8	1	—	—	—	—	40	4	51	20	—	1	—	—	—	—	4	1	15	2	—	—	1	29	3	80	
1		5	2	—	—	—	—	13	3	17	13	—	1	—	—	—	—	1	7	3	—	—	1	16	6	33	24	
2		3	2	—	—	—	—	22	4	26	8	1	1	—	—	—	—	3	16	1	—	—	—	1	22	3	49	
2		1	1	—	—	—	—	20	3	27	4	—	1	—	—	—	—	1	16	—	—	—	2	26	—	53	4	
1		1	—	1	—	—	—	9	2	10	4	—	—	—	—	—	—	5	5	1	—	—	—	8	3	18	7	
2		—	2	—	—	—	—	1	—	18	2	—	1	—	—	—	—	9	9	—	—	—	—	14	—	32	2	
4		—	—	—	—	—	—	29	3	44	8	—	5	—	—	—	—	21	12	—	—	5	43	13	87	21		
Sub Total		21	25	8	1	10	2	66	1	21	7	96	21	17	1	30	—	9	2	173	31	395	99	31	173	31	395	99
Camrose, Bethany Ft. Macleod, Senior Citizens Grande Prairie, Central Park Lodge High River, Twilight Lethbridge, Nursing Home Lethbridge, Devon Medicine Hat, Baptist Haven of Rest Medicine Hat, Riverview Red Deer, Nursing Home Red Deer, West Park Swalwell, Linden Wetaskiwin, Green Acres		1	2	—	—	—	—	—	10	5	12	8	—	1	—	—	—	—	1	13	1	—	—	1	16	4	28	13
		1	—	—	—	—	—	—	8	2	9	2	—	—	—	—	—	—	1	2	6	—	—	—	6	2	15	4
		1	1	—	—	—	—	—	14	1	19	3	—	1	—	—	—	—	1	6	1	—	—	1	10	4	29	7
		—	2	—	—	—	—	—	10	—	11	2	—	—	—	—	—	—	—	3	—	—	—	—	4	1	15	3
		1	—	—	—	—	—	—	6	—	7	—	—	—	—	—	—	—	1	1	—	—	—	1	5	1	12	1
		1	1	—	—	—	—	—	12	7	13	8	—	—	—	—	—	—	2	3	—	—	—	1	7	3	20	11
	1	—	—	—	—	—	—	8	—	13	1	—	—	—	—	—	—	3	8	2	—	—	—	16	1	20	2	
	2	1	—	—	—	—	—	16	3	20	8	—	3	—	—	—	—	5	5	—	—	—	2	12	8	32	16	
	1	4	1	—	—	—	—	14	9	16	15	—	—	—	—	—	—	7	1	—	—	—	—	11	3	27	18	
	—	4	1	—	—	—	—	8	7	12	—	—	—	—	—	—	—	4	2	—	—	—	—	11	4	20	16	
	1	—	—	—	—	—	—	4	—	9	—	—	—	—	—	—	—	4	4	—	—	—	—	9	—	21	—	
	2	—	—	—	—	—	—	5	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	13	—	
	Sub Total	12	15	3	3	12	1	8	6	34	150	59	—	1	15	2	56	12	16	1	20	8	4	8	111	31	261	91
	Grand Total	68	68	30	9	46	7	49	24	97	639	205	4	8	66	14	238	55	52	11	94	17	27	11	477	108	1120	321

HOSPITALS DIVISION

Table 23—Source of Patients When Admitted and Destination of Patients Discharged Alive, 1965

Nursing Home	NUMBER OF ADMISSIONS NOT YET SEPARATED — PATIENTS CAME FROM:										NUMBER OF LIVE SEPARATIONS							PATIENTS WENT TO:	
	Private Homes	Other Contract Nursing Homes	Senior Citizens' Lodges	Homes Operated Under Welfare Act	Auxiliary Hospitals	Active Treatment Hospitals	Mental Institutions	Other	Total Number of Patients in Nursing Home at Dec. 31, 1965	Home	Other Contract Nursing Homes	Senior Citizens' Lodges	Homes Operated Under Welfare Act	Auxiliary Hospitals	Active Treatment Hospitals	Mental Institutions	Other	Total	
Calgary, Bethany	13	12	—	—	1	4	4	—	34	1	6	—	—	2	5	—	—	14	
Calgary, Blunt's Kenwood	30	20	4	2	23	14	1	—	94	21	10	—	—	11	22	1	7	72	
Calgary, Bow Crest	22	16	2	—	2	20	3	1	66	1	—	1	—	4	7	—	7	20	
Calgary, Bowness*	—	—	—	—	—	—	—	—	—	—	14	—	—	1	3	—	—	18	
Calgary, Bow View	55	2	2	—	10	4	4	14	91	5	8	—	—	4	29	5	8	59	
Calgary, Brentwood	72	6	10	6	10	10	—	4	118	17	5	1	—	11	19	5	4	62	
Calgary, Cedars Villa	37	28	14	—	51	11	4	2	147	65	9	2	—	10	34	3	2	125	
Calgary, Central Park Lodge	50	10	9	—	5	22	—	—	96	11	2	1	—	—	9	—	3	26	
Calgary, Chinook	20	10	10	10	20	10	2	—	82	3	3	2	—	1	3	—	10	22	
Calgary, Glamorgan	14	15	—	—	14	13	—	—	56	3	2	—	—	—	13	—	1	19	
Calgary, Father Lacombe	30	4	1	1	10	10	2	—	58	4	—	—	—	2	17	—	15	38	
Calgary, Mayfair	51	5	6	—	33	14	2	2	113	70	11	1	—	4	19	3	5	113	
Calgary, Meadowbrook	15	5	1	—	4	1	—	—	26	1	1	1	—	—	3	—	2	8	
Calgary, Southwood	66	4	6	4	10	14	3	7	114	16	12	—	—	—	38	4	11	81	
Sub Total	475	137	65	23	193	147	25	30	1,095	218	83	9	—	50	221	21	75	677	
Edmonton, Central Park Ldg.	34	10	3	2	12	55	1	—	117	20	13	1	—	2	41	8	2	87	
Edmonton, Good Samaritan	51	10	9	—	40	18	3	—	131	2	—	1	—	1	6	—	2	12	
Edmonton, Hardisty	43	9	8	1	—	33	—	—	94	3	2	1	—	2	49	3	2	62	
Edmonton, Jubilee Lodge	57	6	11	—	7	24	1	20	126	9	6	1	—	2	40	8	14	80	
Edmonton, Little Paradise	—	—	—	—	—	—	—	—	—	1	5	—	—	5	1	1	4	17	
Edmonton, Sherbrooke	36	—	16	5	17	20	3	—	97	14	1	1	—	3	30	6	7	62	
Edmonton, Venta	29	7	8	—	1	8	—	—	53	7	—	—	—	2	28	5	12	54	
Edmonton, Westhaven	40	4	5	—	—	22	1	—	72	2	1	—	—	1	10	2	—	16	
Edmonton, Youville	125	5	3	—	4	6	1	—	144	12	5	—	—	1	18	3	6	45	
Sub Total	415	51	63	8	81	186	10	20	834	70	33	5	—	19	223	36	49	435	
Camrose, Bethany	3	28	3	—	5	—	—	—	39	—	—	—	—	11	9	—	2	22	
Ft. Macleod, Senior Citizens	13	—	4	1	—	6	—	—	24	—	2	—	—	—	9	1	—	12	
Gr. Prairie Cen. Pk. Ldg.	28	—	9	—	17	17	1	—	72	13	—	—	—	—	27	1	5	46	
High River, Twilight	14	2	8	—	—	12	—	—	36	1	1	—	—	—	10	—	5	17	
Lethbridge, Nursing Home	7	1	3	—	1	11	—	—	23	—	2	1	—	—	3	—	—	6	
Lethbridge, Devon	3	38	6	—	3	4	1	—	55	3	—	—	—	1	5	2	—	11	
Lethbridge, Galt	—	—	—	—	—	—	—	—	—	4	41	—	—	31	12	—	3	91	
Med. Hat, Bap. Hav. of Rest	25	—	1	6	1	8	—	2	43	3	2	—	—	—	44	—	3	52	
Medicine Hat, River View	25	1	5	—	33	27	2	—	93	21	—	—	—	1	35	1	5	63	
Red Deer, Nursing Home	20	3	15	1	22	10	—	—	71	18	4	—	—	7	37	8	13	87	
Red Deer, West Park	17	—	16	—	20	6	—	—	59	9	4	—	—	1	20	4	3	41	
Swalwell, Linden	22	—	4	2	1	6	1	—	37	17	—	—	—	—	6	—	3	26	
Wetaskiwin, Green Acres	10	6	1	—	2	5	—	—	24	—	—	—	—	—	—	—	—	—	
Sub Total	187	79	75	10	105	112	5	3	576	89	56	1	—	52	217	17	42	474	
Grand Total	1,077	267	203	41	379	445	40	53	2,505	377	172	15	—	121	661	74	166	1,586	

*Bowness Nursing Home included with Bow Crest Nursing Home at December 31, 1965.

ANNUAL REPORT

Table 24—District of Origin of Nursing Home Patients

Nursing Home in which Patient is Located	LOCATION OF PATIENTS' ORIGINAL RESIDENCE																					
	District No. 1 Grande Prairie	District No. 2 Vermilion River	District No. 3 Dreumheller	District No. 4 Willow Creek	District No. 5 Lethbridge	District No. 6 Medicine Hat - Forty Mile	District No. 7 Calgary and Rural	District No. 8 Cardston	District No. 9 Coleman - Blairmore	District No. 10 Brooks - Newell	District No. 11 Vulcan Foothills	District No. 12 Hanna	District No. 13 Mountain View - Kneehill	District No. 14 Red Deer	District No. 15 Stettler	District No. 16 Coronation - Pampetarth	District No. 17 Lacombe - Ponoka	District No. 18 Wetaskiwin - Leduc	District No. 19 Camrose	District No. 20 Flagstaff - Beaver	District No. 21 Wainwright - Provost	District No. 22 Murray - Eagle
	NUMBER OF PATIENTS AS AT DECEMBER 31, 1965																					
Calgary, Beverly	—	—	—	—	—	—	28	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—
Calgary, Blunt's Kenwood	—	—	—	—	—	—	84	—	1	1	—	2	2	1	—	—	—	—	—	—	—	—
Calgary, Bow Crest	—	—	3	—	—	—	59	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—
Calgary, Bow View	—	—	—	—	—	1	81	—	—	—	2	—	3	—	—	—	2	—	—	—	—	—
Calgary, Brentwood	—	—	—	—	—	—	116	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Calgary, Cedars Villa	—	—	—	1	—	1	130	—	—	1	1	—	5	3	1	—	—	—	—	—	—	—
Calgary, Central Park Lodge	—	—	—	—	—	1	82	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—
Calgary, Chinook	—	—	1	—	—	—	70	—	—	—	1	1	2	2	—	—	—	—	—	—	—	—
Calgary, Glamorgan	—	—	—	—	—	—	46	—	—	—	1	—	5	—	—	—	—	—	—	—	—	—
Calgary, Father Lacombe	—	—	1	4	—	—	47	1	—	—	2	1	—	—	—	—	1	—	—	—	—	—
Calgary, Mayfair	—	—	—	—	—	—	104	—	—	—	2	—	1	2	—	—	—	—	—	—	—	—
Calgary, Meadowbrook	—	—	—	—	—	—	21	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Calgary, Southwood	—	—	—	2	—	—	96	—	—	3	6	3	1	—	—	—	—	—	—	—	—	—
Sub Total	—	—	5	7	—	3	964	1	1	5	16	11	22	10	1	—	3	—	1	—	—	—
Edmonton, Central Park Lodge	—	1	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	2	1	1	1	—
Edmonton, Good Samaritan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	5	2	—	—
Edmonton, Hardisty	—	3	—	—	—	—	1	—	1	—	—	1	—	—	—	1	—	—	—	1	—	2
Edmonton, Jubilee Lodge	—	1	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	4	—	2	—	—
Edmonton, Sherbrooke Lodge	—	1	—	—	1	—	1	—	—	—	—	—	—	2	—	1	—	2	1	1	—	1
Edmonton, Venta	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Edmonton, Westhaven	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Edmonton, Youville	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	3	1	2
Sub Total	1	6	—	—	1	—	4	—	1	—	—	1	1	3	—	4	1	14	8	10	2	5
Camrose, Bethany	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	1	3	28	3	—	—
Ft. Macleod, Senior Citizens	—	—	—	19	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Gr. Prairie Cen. Pk. Ldg.	53	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
High River, Twilight	—	—	—	6	—	—	—	—	—	—	30	—	—	—	—	—	—	—	—	—	—	—
Lethbridge, Nursing Home	—	—	—	—	20	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Lethbridge, Devon	—	—	—	—	52	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Med. Hat, Bap. Hav. of Rest	—	—	—	—	—	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medicine Hat, Riverview	—	—	—	—	—	76	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Red Deer, Nursing Home	—	—	—	—	—	—	1	—	—	—	1	1	5	42	—	—	19	—	—	1	—	—
Red Deer, West Park	—	—	—	—	—	—	—	—	—	—	—	2	1	32	—	2	18	—	1	—	—	—
Swalwell, Linden	—	—	—	—	—	—	6	—	—	—	—	3	28	—	—	—	—	—	—	—	—	—
Wetaskiwin Green Acres	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	—	—	1	—	—
Sub Total	53	—	—	25	74	120	8	1	2	4	34	9	34	75	1	2	38	26	29	5	—	—
Total Number of Patients	54	6	5	32	75	123	976	2	4	9	50	21	57	88	2	6	42	40	38	15	2	5

APPENDIX A

tients

IAL RESIDENCE

District No. 20 Flagstaff - Beaver	District No. 21 Wainwright - Prowost	District No. 22 Mimburn - Eagle	District No. 23 Lamont - Smoky Lake	District No. 24 Edmonton and Rural	District No. 25 Edson	District No. 26 Barrhead - Thorhild - Westlock	District No. 27 Lac Ste. Anne - Whitecourt	District No. 28 Athabasca - Lac La Biche	District No. 29 Bonnyville - St. Paul	District No. 30 McLennan - High Prairie	District No. 31 Peace River - Fairview	District No. 32 Spirit River	Other Areas Non-Residents, Etc.	Total
---------------------------------------	---	------------------------------------	--	---------------------------------------	--------------------------	---	---	---	--	--	---	---------------------------------	------------------------------------	-------

CEMBER 31, 1965

1	—	—	—	—	3	—	—	—	—	—	—	—	1	34
—	—	—	—	—	2	—	—	—	—	—	—	—	1	94
—	—	—	—	—	—	—	—	—	1	—	—	—	—	66
—	—	—	—	—	—	—	1	—	—	—	—	—	1	91
—	—	—	—	—	—	—	—	—	—	—	—	—	1	118
—	—	—	—	—	2	—	—	—	—	—	—	—	2	147
—	—	—	—	—	2	—	—	—	—	—	—	—	8	96
—	—	—	—	—	1	—	—	—	—	—	—	—	4	82
—	—	—	—	—	1	—	—	—	—	—	—	—	3	56
—	—	—	—	—	—	—	—	—	—	—	—	—	1	58
—	—	—	—	—	1	—	—	—	—	—	—	—	3	113
—	—	—	—	—	1	1	—	—	—	—	—	—	1	26
—	—	—	—	—	1	—	—	—	—	—	—	—	2	114
1	—	—	—	—	14	—	1	1	—	1	—	—	28	1095
1	1	1	—	—	92	—	1	13	—	1	1	—	—	117
5	2	—	—	—	112	3	1	—	—	—	1	—	2	131
—	1	—	2	—	75	2	1	3	1	—	—	—	1	94
—	2	—	—	4	103	—	3	1	1	—	—	—	1	126
1	1	—	1	—	76	2	—	3	1	—	1	—	3	97
—	—	—	—	—	51	—	—	2	—	—	—	—	—	53
—	—	—	—	—	71	—	—	—	—	—	—	1	—	72
1	3	1	2	2	94	2	4	1	8	10	6	1	4	144
3	10	2	5	6	674	9	9	14	23	13	7	4	2	834
3	3	—	—	—	—	—	—	—	1	—	—	—	—	39
—	—	—	—	—	—	—	—	—	—	—	—	—	1	24
—	—	—	—	—	5	—	2	—	—	—	2	9	—	72
—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
—	—	—	—	—	—	—	—	—	—	—	—	—	—	23
—	—	—	—	—	—	—	—	—	—	—	—	—	—	55
—	—	—	—	—	—	—	—	—	—	—	—	—	2	43
—	—	—	—	—	—	—	—	—	—	—	—	—	10	93
—	1	—	—	—	—	—	—	—	—	—	—	—	1	71
1	—	—	—	—	—	—	1	—	—	—	—	—	2	59
—	—	—	—	—	—	—	—	—	—	—	—	—	—	37
—	1	—	—	—	—	—	—	—	—	—	—	—	—	24
9	5	—	—	—	5	—	3	—	—	1	—	2	9	576
3	15	2	5	6	693	9	13	15	23	15	7	6	11	2505

THE
NURSING HOMES
ACT

1964

CHAPTER 65

An Act respecting Nursing Home Care

(Assented to April 15, 1964)

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Alberta, enacts as follows:

Short title

1. This Act may be cited as "The Nursing Homes Act".

Interpre-

tation

"benefits"

2. (1) In this Act,

(a) "benefits" means payment by the Province for nursing home care given by a contract nursing home to an eligible patient;

"contract

nursing

home"

"eligible

patient"

(b) "contract nursing home" means a nursing home the operator of which has a contract with the Minister under section 10;

(c) "eligible patient" means a patient in respect of whom benefits are payable under section 12;

"Minister"

(d) "Minister" means the Minister of Health;

"nursing

home care"

(e) "nursing home care" means the following services to patients, namely,

(i) accommodation, meals and laundry,

(ii) personal services such as help and supervision in cleanliness, mobility, safety, feeding and dressing,

(iii) special diets when necessary,

(iv) routine drugs and dressings as ordered by the attending physician,

(v) recreational, diversional and re-activational activities,

and such other services as are prescribed by the regulations.

(2) Except where the context otherwise requires, all words used in this Act have the same meaning as they have under The Alberta Hospitals Act.

Auxiliary

hospital

district as

nursing

home

district

3. (1) The councils of the included municipalities in an auxiliary hospital district may apply to the Minister for the establishment of the district as a nursing home district.

(2) The application shall be accompanied by such information as the Minister may require respecting the need for nursing home facilities in the district.

Auxiliary

hospital

district

previously

incorporated

4. (1) Where the auxiliary hospital district has previously been incorporated under section 8 of The Alberta Hospitals Act, the application shall be made by the district board and the Minister may refer the application to the Lieutenant Governor in Council for an order vesting in the body corporate the power to provide for nursing home facilities in the district as authorized by this Act.

(2) Where an order is made under subsection (1), the Minister shall change the name of the district from an auxiliary hospital district to an auxiliary hospital and nursing home district.

Incorpor-

ation under

The Alberta

Hospitals

Act

5. (1) Where the auxiliary hospital district in respect of which an application is received has not been incorporated, nominations for membership on the first district board shall be made as provided in section 7 of The Alberta Hospitals Act.

(2) After the required nominations have been made, the application may be referred to the Lieutenant Governor in Council for an order under section 8 of The Alberta Hospitals Act incorporating the district

(a) with all the powers mentioned in that section, except the power mentioned in clause (d) of subsection (2) thereof, and

(b) with the power to provide for nursing home facilities in the district in accordance with this Act.

(3) Where an order as mentioned in subsection (2) is made, the Minister shall change the name of the district from an auxiliary hospital district to a nursing home district.

(4) If an auxiliary hospital program for a district to which subsection (1) refers is submitted and approved in accordance with The Alberta Hospitals Act, the powers to be withheld under subsection (2) may be granted and in that case the name shall be changed to an auxiliary hospital and nursing home district.

General

powers

6. Subject to this Act, an auxiliary hospital and nursing home district or a nursing home district is a hospital district within the meaning of The Alberta Hospitals Act and the board of the district has all the powers, rights and responsibilities with respect to nursing homes that a district board has with respect to auxiliary hospitals under The Alberta Hospitals Act and regulations, to the extent that they are applicable to nursing homes.

Nursing
home
program

7. After the making of an order pursuant to section 4 or 5, the board shall, in accordance with the regulations, develop a nursing home program for the district and submit it to the Minister for approval.

Nursing
home
facilities

8. After approval of the program and subject to this Act and the regulations, a board has power to

- (a) construct, operate, maintain, manage and control one or more nursing homes in the district,
- (b) lease facilities in the district to a person who will operate them as a nursing home to serve residents of the district,
- (c) enter into an agreement with a person for the provision and operation by that person of a nursing home in the district to serve residents of the district, and
- (d) give its approval to any nursing home within the district that meets the requirements of the regulations, and forms part of the nursing home program of the district.

Appeal on
refusal of
application

9. Where a board refuses or fails to approve a nursing home, the operator of the home may appeal to the Lieutenant Governor in Council who may recommend to the district board approval of a nursing home.

Nursing
home
contracts

10. (1) The Minister may enter into a contract on the approval of the district board with the operator of an approved nursing home for the provision of nursing home care to eligible patients and for the payment to the home by the Province of an amount on a patient day basis, as prescribed by the regulations.

(2) Notwithstanding anything contained in this Act or the regulations or a contract entered into pursuant to subsection (1), during the first year after the establishment of the nursing home program of a district the number of contract nursing home beds in the district shall not exceed approximately three for every one thousand of population in the district.

Suspension
and cancel-
lation of
contract

11. (1) A contract with the Minister is automatically cancelled upon a change of ownership or control of a nursing home, unless the district board and the Minister give their approval of the change before the change is effected.

(2) The Minister may, upon ninety days' notice in writing, suspend or cancel a contract with the operator of a nursing home.

(3) The operator of a nursing home may, within thirty days of receiving a notice of suspension or cancellation of his contract, appeal to the Lieutenant Governor in Council who may in his discretion,

- (a) confirm the suspension or cancellation of the contract, or
- (b) order that the contract be reinstated, either unconditionally or subject to such conditions as he may prescribe.

Eligibility
for benefits

12. (1) Benefits may be paid only in respect of a patient in a contract nursing home

- (a) who has been found by an assessment committee appointed pursuant to the regulations to require care in a nursing home,
- (b) who has established his home in Alberta and has resided in Alberta for the three consecutive years immediately preceding the application for benefits, and
- (c) who meets other requirements or conditions prescribed by the regulations.

(2) Benefits may not be paid in respect of a patient where payment for his care in a nursing home

- (a) is the responsibility of
 - (i) the Department of Public Welfare,
 - (ii) the Workmen's Compensation Board,
 - (iii) the Department of Veterans' Affairs (Canada),
 - (iv) the Department of National Defence (Canada), or
 - (v) the Indian and Northern Health Services of the Department of National Health and Welfare (Canada),
- or
- (b) is provided for under any other statute.

(3) Nothing under this Act shall be construed to prevent a person who does not desire to receive benefits as provided pursuant to this Act from assuming the entire responsibility for the payment of the costs of his care in a nursing home.

Inspections

13. The Minister or any person authorized by him or a visiting team authorized by the Lieutenant Governor in Council may at all times enter any buildings and grounds of a contract nursing home and may examine the premises and any books and records kept in connection with the operation of the nursing home and request any other information they require and the operator of the nursing home shall provide all the information so required as soon as is reasonably possible.

Prohibitions

14. (1) The term "contract nursing home" may only be used to describe a nursing home the operator of which has a contract with the Minister pursuant to this Act and no person shall

(a) hold himself out as the operator of a contract nursing home, or

(b) use the term "contract nursing home" to describe a nursing home or other place operated by him,

unless he holds such a contract.

(2) No person shall knowingly make or submit a false statement or falsify any report that he is required to make or submit to any person under this Act or the regulations.

Offence and penalty

15. (1) A person who contravenes this Act or the regulations is guilty of an offence and liable on summary conviction to a fine of not more than five hundred dollars and in default of payment to a term of imprisonment not exceeding ninety days.

(2) When the operator of a contract nursing home is convicted under subsection (1), his contract is subject to immediate cancellation.

Regulations

16. The Lieutenant Governor in Council may make regulations

(a) prescribing the information to be contained in the nursing home program of a district,

(b) prescribing the basis upon which the Minister may enter into contracts with the operators of approved nursing homes and the terms of such contracts,

(c) prescribing the terms and conditions upon which a district board may approve a nursing home,

(d) prescribing standards applicable to contract nursing homes, including but not limited to standards relating to the location, size, rated capacity, type of construction, equipment, accommodation and facilities of the homes and the care, services, drugs and medical supplies to be provided in the homes,

(e) prescribing other services that are to be provided as nursing home care,

(f) prescribing the records to be kept and the reports to be made by the operators of contract nursing homes,

(g) respecting the employment of staff in contract nursing homes,

(h) prescribing the number of semi-private or private rooms for which extra charges may be made to patients,

(i) prescribing the maximum amount that may be charged patients in contract nursing homes for accommodation in single and multiple bed wards,

(j) prescribing the admission policies to be followed by contract nursing homes and limiting the number of non-eligible patients that may be in a contract nursing home at any one time,

(k) providing for the establishment, composition and operation of assessment committees to determine the need for nursing home care,

(l) setting the amount payable per day by the Province with respect to eligible patients in contract nursing homes and the amount payable by patients and providing for payment by the province of all or any part of the charges of eligible patients under certain conditions to be prescribed in the regulations,

(m) authorizing the Minister to develop home care projects, and

(n) concerning any other matter he considers necessary to carry out the purpose and objects of this Act.

Amends
1963, c. 73

17. The Welfare Homes Act is amended as to section 4 by adding the following subsection.

(3) This Act does not apply to a contract nursing home under The Nursing Homes Act.

Coming
into force

18. This Act comes into force on the first day of April, 1964.

**REGULATIONS
UNDER
THE NURSING HOMES ACT**

REGULATIONS UNDER THE NURSING HOMES ACT

1. These Regulations may be cited as "The Nursing Home Plan Regulations", and become effective April 1st, 1964.

2. In these Regulations

(a) "Act" means The Nursing Homes Act;

(b) "Board" means the board of an Auxiliary Hospital and Nursing Home District or the board of a Nursing Home District;

(c) "Executive Director" means the Executive Director of the Hospitals Division of the Department of Public Health of the Government of the Province;

(d) The interpretations set out in Section 2 of The Nursing Homes Act shall have the same meaning when used in these regulations.

Procedure of Obtaining Approved Nursing Homes

3. The district board in conjunction with whatever persons or agencies it deems necessary shall develop a nursing home program for the district which shall be sent to the Minister for approval and shall include:

(a) a list of existing facilities, stating in each case location, capacity, ability of building to meet physical standards and care standards, level of care experience and suitability to meet the needs of the area being served;

(b) total number of persons within the district and the estimated number of persons:

- (i) who would qualify for nursing home care,
- (ii) who might be admitted to nursing homes,
- (iii) qualified on waiting lists of existing homes;

(c)

- (i) the total number of nursing home beds required to meet the need,
- (ii) existing number believed to meet standards,
- (iii) net number of beds required and number of nursing homes involved,
- (iv) plan of how the needs are to be met with proposed locations,
- (v) long range plans for future considerations.

(d) complete details of the nursing homes recommended by the board for contracts with the Department of Public Health indicating priority in which contracts shall be made.

4. In developing a program, a board shall give uniform consideration to all types of ownership and to all proposals made to it for the provision of nursing home facilities.

5. Applications for approval to construct or operate a nursing home shall be made to the district board in duplicate and shall contain:

(a) full particulars of the applicant, ownership and operation,

(b) particulars of location of home,

(c) size,

(d) type of construction, number of stories, type of accommodation (e.g. number of rooms, beds per room, wards semi and private).

6. A board shall send an executed copy of every agreement pursuant to Section 8 of the Act and every amendment to an agreement between the board and the owners of a non-district contract nursing home to the Executive Director.

Administration

7. (1) Procedure for admission to a contract nursing home as an approved patient shall be:

(a) Application shall be made by the attending physician on the prescribed form to the Assessment Committee of the district in which the nursing home is located.

(b) When a patient for whom an application is being made has not had a complete medical examination within one month prior to application for admission, the Assessment Committee may require the patient to be admitted to a general or auxiliary hospital for a period of time for examination and assessment before consideration is given to the application.

(c) The Assessment Committee shall send two copies of approved applications to the contract nursing home which shall then arrange for admission.

(d) Upon admission of an approved patient, the contract nursing home shall forward one copy of the completed assessment form to the Executive Director and retain one copy which shall be part of the patient's record.

(e) Where a nursing home patient has been referred to a hospital for short term treatment, the contract nursing home shall upon completion of hospitalization, arrange for immediate re-admission of the patient at the request of the attending physician without the necessity of prior approval from the Assessment Committee or if a bed is not available, the patient's name shall be placed at the head of the waiting list.

(2) Any eligible patient assessed to be in need of nursing home care must be accepted by a

contract nursing home if a vacant bed is available in the home.

(3) The number of persons in a contract nursing home who do not qualify for nursing home care shall not at any time exceed 20% of the rated capacity of the contract nursing home.

(4) An effort shall be made to assign to a patient accommodation that is pleasing to him commensurate with his ability to pay and with his needs.

(5) A complete listing of a patient's belongings and funds in his possession on admission shall be made in duplicate and be signed by the representative of the contract nursing home and by the patient or his representative and one copy should be given to the patient or his representative and reasonable measures taken to safeguard the patient's belongings.

(6) Cash turned over to the nursing home management for safe-keeping shall be deposited in a patient's trust account, a receipt given to the patient or his representative, and proper records kept of the trust fund.

(7) Where a patient is considered incapable of handling his own affairs and a next-of-kin is not performing this service, the operator of the contract nursing home must apply to the Public Trustee to establish a trust account on behalf of such patient.

8. (1) There shall be a separate patient case record maintained for each patient which shall contain:

(a) Admission and assessment form completed by the physician and the Assessment Committee.

(b) Admission record completed prior to or at the time of admission and shall contain identifying information such as patient's name, marital status, age, sex, home address, religious affiliation, name and address of attending physician and his alternate, name and address of next-of-kin, information concerning referral, if any, date of admission and shall bear the signature of the operator or his authorized agent and the patient or his representative.

(c) Inventory of personal effects.

(d) Physician's notes and orders which shall be signed and dated by the attending physician.

(e) Dentist's notes and orders which shall be signed and dated by the attending dentist.

(f) Nursing notes. This section of the record shall contain significant observations made by the nursing and treatment personnel and incidents of consequence. Entries shall be dated and signed.

(g) Discharge sheet. Every record shall include information concerning the patient's dis-

charge from the contract nursing home such as: discharge diagnosis or cause of death, whether discharged with or without physician's consent, where and to whom discharged, and other information of this nature.

(2) The patient's case record shall be kept on file in the nursing station until the patient is discharged, when it shall be filed for a period of not less than five years in a place of safe storage in the contract nursing home after which time it may be destroyed.

9. The operator of the contract nursing home shall forward to the Executive Director such records, reports and returns as may be required including an audited financial statement on the basis of each calendar year.

10. The Minister or any person or persons designated by him may make all necessary inquiries into the management and affairs of contract nursing homes, may visit and inspect contract nursing homes any may examine contract nursing home records for the purpose of verifying the accuracy of reports and ensuring that the Act and the regulations are being followed.

Financial

11. An approved patient shall be required to pay an amount not exceeding:

(a) \$2.50 per day for standard ward accommodation, nor

(b) \$4.50 per day for semi-private room and \$7.50 for private room accommodation when such preferred accommodation has been provided at his request.

12. The Province shall pay to each nursing home under contract a payment not exceeding \$4.50 per patient day with respect to each approved patient.

13. (1) No contract nursing home shall have:

(a) a proportion of non-eligible patients in the home in excess of 20% of rated capacity not including patients mentioned in Section 12 subsection 2 of the Act;

(b) a proportion of preferred accommodation charged for in excess of 30% of the rated capacity of the nursing home;

(2) A contract nursing home shall not exceed its rated capacity.

14. (1) A nursing home day shall include the day of admission and all subsequent days excluding the day of discharge.

(2) Patients away from a contract nursing home for a period not exceeding 48 hours shall be classed as in-patients for which the usual charges may be made.

15. The cost of operation of the district board shall be the responsibility of the municipalities included in the auxiliary hospital and nursing home district or nursing home district.

16. The fiscal year of contract nursing homes shall coincide with the calendar year.

17. The board may on its own authority by resolution authorize the borrowing of such sums of money as it deems necessary.

18. The district board shall establish a district assessment committee consisting of representation from the medical profession and local social workers and welfare agencies.

Building Standards

19. (1) Preparation of plans of contract nursing homes and minimum construction standards shall be as prescribed in Schedule I of these Regulations. The Hospitals Division may exercise its discretion in the application of physical standards, other than provincial fire and sanitary regulations, to existing facilities.

(2) All contract nursing homes shall follow the requirements of "The Fire Prevention Act Regulations pertaining to Nursing Homes", administered by the Provincial Fire Commissioner.

Standards of Care

20. Operators of contract nursing homes shall arrange for patients to obtain necessary health services as requested by the patient or their next of kin, and when a patient is not competent and has no next of kin, operators shall arrange to obtain the necessary health services required by the patient.

21. (1) Registered or graduate nurses shall be employed on a full time basis and be responsible for patient care.

(2) At least one nurse shall be provided for each seventy-five patients.

(3) No one except a registered nurse or a physician shall be responsible for the medication given to a patient.

(4) Each contract nursing home shall employ sufficient personnel to assure safe and efficient nursing home care on a 24-hour day basis.

22. (1) The basic diet requirements of nursing home patients shall be provided in accordance with Canada's Food Guide as approved by the Canadian Council on Nutrition.

(2) Persons receiving care in a contract nursing home shall be provided with satisfactory spe-

cial diets where these are considered necessary by the attending physician.

(3) Contract nursing homes shall meet the special food requirements of patients prescribed by their religious beliefs.

(4) Special diet records shall be recorded on the patient's record.

(5) Sanitary conditions shall be under the jurisdiction of local health authorities.

(6) At least three meals per day shall be served with not more than a 14-hour span between a substantial supper meal and breakfast.

(7) Reasonable effort shall be made to encourage patients, who are capable and those who can be assisted, to take their meals in the dining room.

(8) Menus shall be planned and written at least one week in advance.

(9) Cyclic menu planning shall be of not less than two weeks and menus shall be different for the same day of consecutive weeks.

(10) Records of menus as served shall be filed and maintained and shall be available for inspection.

(11) Special or modified diets which are part of medical treatment shall be prescribed in written orders by the attending physician.

(12) Personnel and visitors eating meals or snacks on the premises shall be provided with dining facilities separate from and outside of the food preparation, tray service and dishwashing areas.

23. (1) Persons receiving care in a contract nursing home shall be provided with the necessary reactivational therapy to prevent deterioration to the extent possible.

(2) Each contract nursing home shall arrange for or provide individual and group activities, recreational and diversional opportunities suited to the needs and interest of its patients.

(3) Contract nursing homes shall co-operate with the clergy in the community in meeting the spiritual needs of patients and, having regard to the nursing home size and circumstances permitting, utilize suitable space for religious services.

(4) Where feasible, patients shall be permitted to leave the premises to visit, shop, attend church or social activities.

(5) Patients shall not be required to remain in their rooms and physical restraint shall not be used except on order of a physician.

24. Every precaution shall be taken to ensure the safety of patients and staff.

SCHEDULE I

MINIMUM STANDARDS OF NURSING HOME CONSTRUCTION UNDER THE REGULATIONS OF THE NURSING HOMES ACT

In this schedule "shall" indicates a requirement; "should" indicates a recommendation.

Site Selection

1. The site of a nursing home shall:

(a) be reasonably accessible to the centre of community activities, physician services, hospitals, transportation facilities, and located within the service area of a fire department;

(b) have good drainage, adequate sewerage, water, electrical, telephone, and other necessary facilities available on or near the site;

(c) be provided with adequate roads, walks and parking areas within the lot lines;

(d) provide sufficient space suitable for outdoor recreation at the site;

(e) be in an area reasonably free from objectionable noises, smoke and fumes.

Survey of Site

2. Every nursing home should have a survey of the site prepared by a qualified engineer and the survey plan should indicate:

(a) the courses and distances of property lines, building lines, roads, sidewalks adjacent to or on the site;

(b) location and sizes of all piping, mains, sewers, hydrants, poles and wires adjacent to or on the site;

(c) topography and subsoil conditions.

Submission of Plans

3. Two copies of plans of new nursing home projects and existing facilities included in the nursing home district program shall be submitted to the Executive Director for approval and shall:

(a) include:

(i) site plan showing roads, sidewalks, parking areas and lawns

(ii) Plan of each floor including the basement at a scale of $\frac{1}{8}$ " to a foot indicating in outline location of fixed equipment and beds,

(iii) front elevation plan indicating distance from floor to ceiling; and

(b) be accompanied by:

(i) a letter of approval from the local authority controlling zoning and building regulations

(ii) evidence of approval under: The Gas Protection Act and Regulations, The Elevator and Fixed Conveyances Act and Regulations, The Fire Prevention Act and Regulations, and The Public Health Act and Regulations.

4. (a) No nursing home shall provide for less than 30 beds or for more than 100 beds, unless warranted by special circumstances.

(b) Approved plans shall not be altered without the approval of the district board and Executive Director.

Corridors

5. (a) All corridors used by patients shall be:

(i) not less than seven feet wide,

(ii) well lighted, and

(iii) equipped with handrails securely mounted along both walls.

(b) All corridors shall have exits or shall open into corridors that have exits.

Ramps

6. Ramps should be avoided where possible but where they are necessary they shall:

(a) be not less than seven feet wide and be equipped with sturdily mounted handrails or banisters;

(b) have gradual slopes of non-slip material to permit safe travel by wheelchair patients.

Stairways

7. (a) Stairways used by patients shall have low risers, short runs and shall be:

(i) equipped with handrails and/or banisters on both sides,

(ii) not less than three feet eight inches wide between handrails,

(iii) well lighted day and night, and

(iv) equipped with wide non-slip treads or surfaces.

(b) Stair landings shall be wide enough to permit manoeuvring a stretcher and be equipped with handrails and/or banisters.

(c) Stairway doors shall not open directly on a step but shall open on a landing level with the floor.

(d) No arrangement of steps, known as winders, shall be permitted.

Doors and Doorways

8. (a) All doorways through which patients pass shall not be less than three feet eight inches wide except that doorways to individual toilet rooms adjacent to patient rooms may be three feet wide.

(b) Thresholds at doorways shall be flush with the floor.

(c) Doors shall not swing into the corridors except closet doors.

Elevators and Dumbwaiters

9. (a) Elevator platforms shall not be less than five feet four inches by eight feet.

(b) Elevator doors shall have a minimum opening of three feet ten inches.

(c) Elevators shall be equipped with:

- (i) automatic self-leveling devices,
- (ii) slow action doors that can be stopped easily,
- (iii) low controls and call buttons for the convenience of patients in wheel chairs,
- (iv) large numerals, buttons and floor indicators,
- (v) emergency alarm, and
- (vi) sturdy hand rails.

10. (a) Dumbwaiters when provided, shall have metal cabs.

(b) All openings shall be equipped with doors having a self-closing device and a positive latch.

Floors

11. (a) Floors of patients rooms shall be above ground level.

(b) Floors in utility rooms, bathrooms and toilets shall have waterproof surfaces which are wear resistant.

(c) Floors in kitchens, laundry and boiler room should be waterproof, resistant to heavy wear and provided with drains.

Walls and Ceilings

12. (a) Wall bases should be smoothly coved at the floor line.

(b) Walls in kitchen, utility room, toilets, bathrooms, laundries and spaces with sinks should be finished with a hard, washable, impervious material to a point above the splash or spray line.

13. (a) Ceilings in noisy areas should be acoustically treated and shall be not less than:

- (i) eight feet from the floor in patient areas,

- (ii) ten feet from the floor in kitchens, laundries and boiler rooms.

(b) Ceilings of kitchens, laundries, boiler rooms, utility rooms, bathrooms and toilets should be painted with waterproof paint.

(c) Ceilings of boiler and laundry rooms situated under patient areas shall be insulated against heat transmission.

Water Supply and System

14. (a) The water supply system, plumbing systems, including water distribution, piping, drainage, and vent piping, fixtures, and other appurtenances shall be designed and installed in compliance with Regulations under The Public Health Act and The Fire Protection Act.

(b) Thermostatic valves shall be used in the water supply to all shower stalls and bathtubs with showers.

(c) The water heating and distribution system shall be adequate to supply the following demands:

- (i) 4½ gallons at 125° F. per hour per bed for general fixtures,
- (ii) 4 gallons at 180° F. per hour per bed for kitchen use.
- (iii) 4½ gallons at 180° F. per hour per bed for laundry use where the nursing home operates a laundry.

Electrical Installations

15. (a) All electrical systems or alterations to existing systems in a nursing home shall conform to the requirements of the current edition of the Canadian Electrical Code and the regulations under the Electrical Protection Act, and equipment and materials used shall meet the standards of the Canadian Standards Association.

(b) General illumination and night lights shall be switched at the door.

Lighting

10. (a) Glare free lighting shall be provided.

(b) There shall be individual reading light facilities at each bed and sufficient outlets for electrical appliances.

(c) Reduced lighting shall be provided in corridors and central toilet rooms.

Emergency Lighting

17. Emergency lighting shall be provided for exits stairways and corridors which shall be supplied by a second utility emergency service, at least to the level of a battery system with automatic switch.

Heating

18. (a) A central heating system with capacity to raise temperatures in patient areas and corridors to a minimum of 75 degrees Fahrenheit during coldest periods shall be provided.

(b) Thermostatic controls shall be located in appropriate zones to maintain comfortable temperature.

(c) Heating equipment and fixtures should be properly shielded.

Ventilation

19. (a) Ventilation through the use of windows, a forced air system or a combination of both shall be so arranged that every patient shall receive sufficient fresh air.

(b) The ventilating space for natural ventilation shall be not less than four per cent of patient floor area.

(c) Utility rooms, toilets, baths, kitchen, laundry and boiler room, shall be provided with suitable ventilation to change the air once every six minutes.

(d) Ducts ventilating bathrooms or toilet rooms shall not be connected to other duct systems.

Windows

20. (a) The glass area of each patient room shall be at least ten per cent of the floor area of the room.

(b) All windows, doors and openings to the outside shall be screened against flies.

(c) Window sills of bedrooms, sitting rooms and dining rooms shall be not more than two feet six inches above the floor.

Nursing Unit Facilities

21. (a) Each nurses' station shall service no more than 75 beds, be centrally located and provide for charting and medicine storage.

(b) At least two rooms in each nursing unit shall be private rooms.

(c) Each nursing unit shall have a utility service room which shall provide for the separation of clean and dirty work areas and be equipped with:

- (i) a sink set into counter or with drainboards,
- (ii) a service sink with bedpan flusher.

(d) In each nursing unit there shall be included:

- (i) a staff toilet and wash basin adjacent to the nursing station,

- (ii) a ward pantry,
- (iii) equipment storage,
- (iv) linen cupboard,
- (v) sitting room or sun parlour,
- (vi) telephone for patient's use.

Patient Bedrooms

22. (a) The minimum room sizes, exclusive of closets, wardrobes and toilet rooms, shall be:

- (i) 100 square feet per bed in a single bedroom,
- (ii) 80 square feet per bed in a multiple bedroom.

(b) Not less than a 3 foot space shall exist between beds and between the foot or side of beds and wall.

(c) No room shall contain more than 4 beds or be more than 2 beds deep from the outside wall.

(d) One wash basin shall be provided in each bedroom, or if adjacent rooms have not more than two beds, the wash basin may be installed in the toilet room. Wash basins shall be supported on brackets to permit access by wheelchair.

(e) Each room having more than one bed shall have ceiling mounted curtains.

(f) Each patient shall have a clothes closet or wardrobe and a bedside cabinet in his room.

(g) Where a patient is served meals in his room, an overbed table shall be provided.

(h) Each patient shall have at his bedside a signalling device which registers at the bedside, in the corridor and at the nurses' station.

Patients' Toilets

23. (a) One enclosed toilet is required for each 8 patients and shall be directly accessible from bedrooms.

(b) Toilet rooms must be large enough to manoeuvre a wheelchair and doors shall swing out.

(c) Grab bars easily reached shall be provided at each toilet, tub or shower.

Bathing Facilities

24. (a) Bathing facilities to the extent of one bathtub or one shower for each 18 beds shall be provided in each nursing unit.

(b) Bathroom facilities shall be arranged to ensure privacy between male and female patients.

(c) One free-standing bathtub shall be provided in each nursing unit.

(d) Showers shall not be less than four feet square and shall be without curbs for wheelchair use.

(e) Each room or compartment shall provide space for use of bathing fixture, wheelchair, dressing and attendant.

(f) A wash basin and a toilet shall be provided in each bathing area.

SERVICE FACILITIES

Kitchen

25. (a) The kitchen shall not serve as a passageway between work or patient area.

(b) A dishwashing unit is desirable and should be separate from the food preparation and serving area.

(c) Hand-washing facilities are necessary.

Dining and Recreation Areas

26. Separate space shall be provided for personnel dining commensurate with the size of the home. Dining room space sufficient for seating approximately 60% of patient capacity shall be provided and consideration should be given to a recreation area adjacent to the dining room.

Laundry

27. Where laundry facilities are provided in a nursing home, the laundry shall be laid out and its equipment arranged so the workflow will maintain the proper separation of soiled and clean items and prevent the mingling of items in any of the various stages of processing.

Janitor's Closets

28. (a) One or more janitor's closets shall be provided on each floor for the storage and maintenance of cleaning supplies and equipment.

(b) Each closet shall have a slop sink with hot and cold running water and shelves.

Staff Lockers and Toilets

29. (a) Locker room facilities with lockers, toilets and wash basins shall be provided for employees.

(b) Staff toilet rooms shall be separate from those used by the public and by patients.

Garbage Disposal

30. Satisfactory facilities for the disposal of garbage shall be provided.

Maintenance Facilities—General Storage and Receiving—Patients' Storage Room

31. Commensurate with its needs.

ADMINISTRATIVE FACILITIES

32. The following shall be provided commensurate to the size of the nursing home:

- (a) administrative office or offices,
- (b) lobby area,
- (c) public toilet for each sex,
- (d) public telephone.

ANCILLARY FACILITIES

33. Sufficient areas shall be provided for the following purposes commensurate with the size of the nursing home:

- (a) Physical and diversional activities.
- (b) Examining and treatment room in large nursing homes.
- (c) Barber and Beauty Shops (other space can be used periodically).
- (d) Religious services (utilization of suitable space).
- (e) Outdoor recreational areas.

